This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

LANE MEDICAL LIBRARY STANFORD
2 45 0422 3687

Digitized by Google

LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

Digitized by Google

Digitized by Google

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Application made for entry under second class mailing privileges at the post office at Sacramento, California.

Vol. I, No. 1 FEBRUARY 18, 1922 GUY P. JONES EDITOR

Volume One, Number One.

In order to distribute quickly and more extensively current information concerning the prevalence of communicable diseases, and in order to give public health workers closer cooperation in the control of outbreaks of these diseases, the California State Board of Health, with this issue, begins the publication of the WEEKLY BULLETIN. This publication takes the place of the mimeographed Public Health News. The Monthly Bulletin is discontinued: in its place there will be issued a Quarterly Bulletin which will contain full statistical data and complete summaries and reports of the Board's wide variety of activities. It is planned in the new weekly to provide full information regarding the current prevalence of communicable diseases throughout the state and general public health news, as well. On the back page, each week, will be found the morbidity table and summary which heretofore have been sent to health officers and public health nurses in mimeographed form. Through this new weekly bulletin the Board hopes to keep in closer touch with public health workers throughout the state.

Dr. Walter Lindley Dies.

By the death of Dr. Walter Lindley, the State Board of Health has suffered an irreparable loss. To the solution of our many difficult problems he brought his wealth of experience as a physician and as a man of public affairs, and his deep understanding and tolerance of human nature; to our personal relations he brought the geniality of his personality and the charm of his culture. Rare indeed is the man in whom those qualities are blended to such a marked degree and fortunate indeed are those who are associated with him. His memory will live long in our hearts.

WALTER LINDLEY, M.D., Los Angeles, Member California State Board of Health. Died January 24, 1921.

59512

Digitized by Google

Mild Epidemic Influenza Returns.

It will be noted in the morbidity report that nearly 1000 cases of influenza and an increased number of cases of pneumonia were reported in California last week. This means that epidemic influenza, in a mild form, has definitely made its reappearance in California. Few fatal cases have been reported so far and it is apparent that the disease in California is of the same mild type that has prevailed recently in New York City and in other eastern communities.

While some California communities are reporting rather large numbers of cases, they are nearly all of a very mild form, and in no way comparable with the severe type of the disease that caused so much damage and loss of life during the winter of 1918–1919. While it is probable that a larger number of cases will be reported this week, the State Board of Health does not view the situation with alarm. The Board emphasizes the importance of providing the best of nursing care for all persons who may suffer from influenza. Skilled nursing is of first importance in cases of influenza. In some cities of the state lists of resident nurses are being prepared in order that if a large number of cases of the disease appear all patients may receive adequate care.

Ear May Harbor Diphtheria Organisms.

The recent experience of Dr. Frank W. Hodgdon, Jr., health officer of Pasadena, emphasizes the importance of making careful examination of all diphtheria cases and carriers. It sometimes happens that discharges, other than those from the nose and throat, may contain diphtheria organisms. In Pasadena, the health officer found a boy with a chronic discharging ear, a culture from which showed the presence of many dipththeria organisms. Since isolating the patient, that district of the city where 40 cases of diphtheria and one death had occurred has been entirely free from the disease. Dr. Hodgdon feels sure that this carrier was responsible for the outbreak. The occurrence proves that it is necessary to examine thoroughly all cases and carriers of diphtheria before releasing them.

California Birth Registration Improving.

When California was admitted to the United States Registration Area by the Bureau of the Census in 1919, the state had a birth rate of 16.8, the lowest of any state in the Union. The Board, through its Bureau of Vital Statistics, immediately set to work to improve birth registration in California. Inquiries and reminders concerning unregistered births were sent to some 1500 physicians and midwives throughout the state. In fact, a checking system has been worked out so effectively that the state registrar is now able to point to those physicians and midwives who are consistent in their failure to register births. As a result of the campaign undertaken, the birth registration rate for 1920 increased to 19.3. The extension of the system during 1921 resulted in an increase of more than 20 per cent over the 1919 figures, making the birth rate for last year 20.3, the highest birth registration ever achieved in California.

To be sure, the cooperation of other bureaus and of various organizations and officials not connected with the State Board of Health have contributed to bringing about better registration. It is believed, however, that through the determination of those physicians and midwives who habitually neglect to file birth certificates there has been developed an important factor in permanently raising the birth rate of California.

Ignorance is a vice, and when it results in injury to anyone it becomes a crime, a moral if not a statutory one. To infect another with disease, either directly or indirectly, as a result of ignorance, is an immoral act. The purpose of government is to protect its citizens, and a government which fails to shelter its citizens against infection is neither intelligent nor moral. To transmit disease of body or mind to offspring is an unpardonable sin. In a reasonable sense it is worse than murder, because it projects suffering into the future indefinitely.—Victor C. Vaughan.

Why worry about heredity? Take what you have inherited into your own hands and under your own will shape it into what you would have it to be. If you have inherited a weak body, by right living you can strengthen it; if you have inherited weak lungs, you can make them strong by keeping them filled with fresh air day and night; if you have inherited any predisposition to any disease or weakness, you can overcome this tendency by cultivating good habits, especially those counteracting the weak tendencies. Why worry?—Bulletin Arizona State Board of Health.

Digitized by Google

ıdard Treatment for Malaria.

Dr. C. C. Bass, of New Orleans, professor of experimental medicine, Tulane School of Medicine, and chairman of the subcommittee on medical research, National Malaria Committee, one of the best known authorities on malaria, is conducting an active campaign for standardization of methods in the treatment of malaria. He urges that proper and effective treatment of this disease be taught in all medical schools. The standard treatment for this disease is that proposed by the National Malaria Committee two years ago (Public Health Reports, Vol. 34, No. 52, December 26, 1919). Dr. Bass writes:

"I have been in especially favorable position during the past six years to observe the effect of this method of treatment in a large number of cases, both from a standpoint of relief of clinical symptoms and from the standpoint of cure of the infection. Notwithstanding the fact that many physicians believe they have seen instances in which clinical symptoms of malaria were not promptly relieved by large amounts of quinine, I have not been able to find and personally investigate a single instance in which clinical symptoms of fever or chills and fever due to malaria were not relieved within three days by 30 grains of quinine sulphate by mouth daily. So much for the effectiveness of the part of the standard treatment for the relief of clinical symptoms.

I have known of a very few instances in which the infection was not cured by the eight weeks' part of the standard treatment which is for this purpose. These few instances have occurred among several thousand persons who took the treatment and therefore are comparatively unimportant. There is no question in my mind, therefore, but that the standard treatment is as effective as could reasonably be desired. Therefore, I believe, that if we teach medical students who are to be the physicians of the future, the standard treatment, we are teaching them an absolutely effective method, far superior to many of the methods employed at the present time. Although one teacher may prefer one slight modification and another another, it must be apparent to all that better results would follow if we all taught exactly the same method."

R. N. Certificates Expire March 1.

Under the provisions of the amended Nurses Registration Act, registered nurses' certificates will expire, if not renewed before March 1. After this date no nurse can call herself a registered nurse unless her certificate has been renewed. The law, however, includes a provision that the certificate may be renewed after March 1 on the payment of the lapsed fee, which will mean that the applicant must pay $2 instead of $1 in order to renew her certificate. Immediately after March 1 a list of registered nurses, with their addresses, will be sent to the printer and as soon as received will be placed in circulation. This list will be as important to the nurse as the published list of licensed physicians is to the physician. It is sincerely hoped that all registered nurses of California will have their names on this list.

"PUBLIC HEALTH."

Public Health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will insure to every individual in the community a standard of living adequate for the maintenance of health.—C. E. A. Winslow.

The principles for the control of syphilis and gonorrhœa differ in no wise from those used to control smallpox, leprosy, tuberculosis, measles, diphtheria, etc. The health officer must not regard venereal disease as a punishment for sin and crime—the victim or culprit needs help and sympathy. The immediate problem is the prevention of further spread of the infection. A person afflicted with venereal disease should be treated in the same humane spirit that actuates the physician in other diseases. Furthermore, the interests of the community require that the patient be accorded the best possible care and attention.—M. J. Rosenau.

While it is the duty of the attending physician to make the record of birth, and it is the duty frequently of the health office to receive and record such certificate, it is the duty of every parent to make sure that the legal record is completed as to the birth of each child. Legally, until such record is made, the physician has not completed his care of the case, and is therefore not entitled to his fee.—H. B. Hemenway.

Digitized by Google

MORBIDITY.

Smallpox.

There was a considerable reduction in the number of cases of smallpox reported last week, the total number of cases, 67, representing a smaller number than has been reported for many weeks. Smallpox is still present in Santa Clara and Kern counties, but the situations in these two districts are better than they have been recently. The distribution of cases reported last week is as follows:

Santa Clara County 8, San Jose 16, Kern County 14, Fresno County 7, Los Angeles City 5, Modesto 3, Stockton 3, Berkeley 2, Monterey County 2, Santa Cruz County 1, Manteca 1, Susanville 1, Tulare County 1, Colton 1, San Francisco 1.

Diphtheria.

Diphtheria shows considerable reduction. There were 161 cases reported last week as against 247 cases reported the preceding week. During the last two weeks of January 637 cases were reported, almost twice as many cases as were reported during the two weeks which followed.

Epidemic Encephalitis.

One case of epidemic encephalitis was reported in Los Angeles City last week. No others were reported within the state. Not a single case of poliomyelitis was reported last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA (Lobar)
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Feb. 11 received by Feb. 14	Week ending			Reports for week ending Feb. 12 received by Feb. 16
	Jan. 21	Jan. 28	Feb. 4		Jan. 22	Jan. 29	Feb. 5	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	1	1	8	6	5	5	3	2
Chickenpox	99	122	107	157	205	231	178	205
Diphtheria	336	301	247	161	145	182	133	128
Dysentery (bacillary)	0	1	0	0	3	0	1	0
Epidemic encephalitis	4	1	6	1	2	3	0	4
Gonorrhoea	68	70	118	86	76	94	122	53
Influenza	31	68	119	845	43	53	104	123
Leprosy	1	0	0	0	0	0	2	1
Malaria	0	1	2	3	2	2	2	5
Measles	25	14	14	18	407	536	622	671
Mumps	117	99	75	100	256	278	260	341
Pneumonia	103	100	139	155	102	109	95	130
Poliomyelitis	3	4	0	0	0	0	0	1
Scarlet fever	132	146	180	133	138	139	120	154
Smallpox	162	122	102	67	214	246	320	216
Syphilis	65	101	65	127	65	47	131	77
Tuberculosis	144	145	147	97	115	213	155	170
Typhoid fever	7	12	11	4	8	12	2	14
Whooping cough	48	57	51	55	56	96	52	55

IF YOU WISH TO RECEIVE THIS PUBLICATION REGULARLY, IT WILL BE NECESSARY FOR YOU TO SEND A POSTCARD TO THE CALIFORNIA STATE BOARD OF HEALTH, SACRAMENTO, GIVING YOUR NAME AND CORRECT ADDRESS.

16990 2-22 5M

Digitized by Google

I27
B5

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Application made for entry under second class mailing privileges at the post office at Sacramento, California.

Vol. I, No. 2 FEBRUARY 25, 1922 GUY P. JONES EDITOR

Health Day at Hayward.

On February 17 Hayward celebrated its second annual "Health Day," when by proclamation of the mayor the citizens met to learn what had been done during the past year to protect the community health, what is being done by the state and nation along health lines, and what can be done to further protect the health of the citizens of Hayward.

Dr. F. W. Browning, Hayward's very efficient health officer, had prepared a program of unusual interest:

1—Address of Welcome.....Mayor Manter
2—Report of President.....Peter J. Crosby
3—Report of Secretary.....A. W. Beam
4—Report of Treasurer...Miss Ruth Kimball
5—Report of Activities..Miss Oline C. Schafer
6—Future Activities of the Hayward Health Center.....Judge Harder
7—What Public Health Nursing Means.....Miss Edith Bryan, Prof. Public Health Nursing, U. of C.
8—The American Red Cross Health Center Activities....Miss Mary L. Cole, Director Public Health Nursing, A. R. C.
9—The Hayward Red Cross.....Mrs. I. B. Parsons
10—Coordination of Health Education with Reference to Regular School Subjects .....Miss Whitton, Director Health Education
11—State Board of Health Relations to Health Center.....Dr. Wm. Dickie, Secretary State Board of Health
12—Mrs. McManus...Director Bureau Social Hygiene, State Board of Health

Arroyo Sanatorium had an exhibit of work made by patients under "Occupational Therapy," by Miss Munro as instructor.

One year ago it was the privilege of the Secretary of the State Board of Health to visit Hayward on the occasion of the first "Health Day" celebration. At this time the possible establishment of a Health Center, its location, equipment and maintenance were topics of discussion. This year the Secretary again visited Hayward and found that the Health Center was a reality. Located in the Carnegie Library building, where the program for the afternoon was given, it is not only prepared to definitely attack disease, but to conserve health.

It is a clearing house for health resources, and through it the community comes in touch with all health promoting agencies. As a result of the work done by the Health Center, school children have been protected from communicable diseases, follow-up work has been done where children have been sent home from school, relief has been brought to families which needed it, and the Health Center has tried to teach the people how to keep well. An interesting report made by one of the school trustees showed that there had been few absences from school due to illness during the year, which he attributed to the splendid work of the public health nurse, Miss Schafer, and her assistant. This alone had so increased the school revenue that it paid the salary of the additional nurse.

Definite and accurate health information is available at the Health Center; "Well Baby Conferences," "Children's Clinics," "Malnutrition Classes," are conducted at the Center, as well as classes in Home Hygiene and Care of the Sick. The latter courses are given to the high school girls and credit for their work is allowed by the school.

The public health nurses attached to the Health Center have proven of such value to the health officer, in following up cases of communicable disease excluded from school, in visiting homes, etc., and of such value to the community at large that Hayward now plans to secure the services of a third nurse.

Digitized by Google

Hayward is to be congratulated upon having such a splendid health officer, such capable public health nurses, and such a wide-awake interest in public health.

What Hayward has accomplished in one year should be an inspiration to other communities.

Death of John H. Mellon.

It is with the deepest regret that we record the death last Friday of John H. Mellon, secretary of the health department of the city of Oakland.

In Mr. Mellon's death Oakland has lost one of its most conscientious servants and public health in California has sustained a loss that is irreparable. He was connected with that department for over ten years, serving under seven different health officers, and through him as through no one else can be traced the great advance in public health made by that city during the past decade.

Always unassuming, always cheerful, always willing, knowing what to do and always doing the right thing in the right place, the longer one knew him the more one learned to love and respect him.

His loss is most deeply felt, not only as brother public health worker but also true friend.

VITAMINS AS FOODS, NOT MEDICINE.

By M. E. Jaffa, M.S., Consulting Nutrition Expert, California State Board of Health.

The subject of vitamins is a live one—interesting to both the scientist and the layman. The former gathers his information from the works of coscientists and his own investigations. Unfortunately, the layman is getting most of his through advertisements appearing in our daily papers. It is very questionable whether this condition of affairs is as it should be.

The following three facts must be accepted:

1. There are three types of vitamins, A, B and C, A being soluble in fat, and B and C being soluble in water.
2. Vitamins are unidentified dietary essentials, therefore,
3. No diet can be complete without them.

The question is, "How is it best to obtain these vitamins?" There are two sources open to the public:

a. The natural foods, milk, eggs, meat, fruits and vegetables. The value of these as sources of vitamins does not appear in colored headlines and variegated cuts in our daily papers, more's the pity.

b. Through proprietary products, granting for argument's sake that these products are as advertised.

Which is the better source? This question may be discussed under two different captions:

1. Nutritionally.
2. Financially.

1. Nutritionally.

There is no better source of vitamins A and B than milk. But in addition to the vitamins in milk there is also a protein of the highest biological value, mineral matter essential to growth and a carbohydrate not only of high caloric value but which, in view of late investigations, has an important bearing on the intestinal flora in man and other animals.

Recent researches by Professor Rettger and associates, of Yale, have shown pretty conclusively that milk, whether sweet or sour, has a beneficial influence on the intestinal flora—that is, the presence of milk in the intestines produces a condition which favors the development of desirable bacteria. It is thus seen, therefore, that in addition to the food value of milk it has another value as a nutrient for desirable intestinal bacteria.

Dr. Rettger has also proven clearly with reference to the growth of healthy normal chicks that milk is a most valuable and necessary food and it makes no difference whether fresh skimmed milk is fed or whether sour milk is fed, the results are practically the same and far more satisfactory than when no milk is fed. This is merely to emphasize the fact that in normal nutrition it is the milk solids which are so valuable and not the condition of the milk.

While it is true that milk is such an excellent source of vitamins A and B, it is not by any means the only source. Eggs, fresh fruits and vegetables, particularly the leafy vegetables, also furnish ample supply of these dietary essentials. In fact, it may be said that vitamin B is well distributed through our common foods.

No mention has been made with reference to vitamin C in milk for the reason that while this vitamin is present in milk it is not to the same extent as are either A or B, and, furthermore, the potency of A and B is not appreciably lessened

Digitized by Google

by proper pasteurization, whereas C may be. It would therefore seem that it would not be well to depend upon milk or any of our ordinary cooked foods for vitamin C. Probably the best sources of vitamin C are the citrus fruits, lemon, orange and grapefruit. There are two *raw* vegetables which rank equally in this respect with lemon juice, and those are the onion and the cabbage. For those who like raw onions this is an added reason for continuing the consumption.

Another valuable source for vitamin C is tomato juice and this is true whether the juice is raw or cooked. In other words, tomato juice is an exception to the general rule regarding the content of vitamin C in cooked foods.

From the foregoing it is evident then that if one uses a mixed or varied diet—that is, one containing adequate representation from all the five classes of foods and meeting the respective caloric requirement—there will be no need to worry about the vitamins. Such a diet will furnish an ample supply of these dietary essentials which will more than meet the body's requirements. In other words, then, when a person consumes milk, meat, eggs, fruits and vegetables, his system not only receives vitamins A, B and C in their best form but in addition receives other nutrients and calories of the highest biological value.

2. Financially.

It would be a somewhat difficult matter to estimate the cost of vitamins in the ordinary mixed diet because of the fact that the body requires an adequate amount of good protein, mineral matter and calories, and when these are furnished from the best sources they are accompanied by the three types of vitamins, A, B and C. It might, therefore, be said that the vitamins are practically furnished without cost.

The condition of affairs is entirely different, however, when the commercial preparations are considered. In most cases the filler or carrier of the advertised vitamin has little protein or caloric value. The daily cost of such preparations is not expensive when considered as a medicine. Vitamins, however, should not be regarded as a medicine or even a tonic. They are dietary essentials and should be so CLASSED and REGARDED. If a correct diagnosis indicates a lack of vitamins, then the diet must of necessity be lacking in vitamin-rich foods, which should be immediately added to the diet.

It has been proved in certain cases that preparations containing vitamins, when given as a supplement to a deficient diet, do not accelerate the increase in weight to anything like that which is produced under similar conditions with the vitamin-bearing foods alone.

A CONSERVATIVE ESTIMATE OF THE DAILY EXPENDITURE FOR THE PROPRIETARY VITAMIN PRODUCT IS TEN CENTS. IF, IN PLACE OF SPENDING THIS AMOUNT FOR THE COMMERCIAL PRODUCT IT WERE EXPENDED FOR ONE PINT OF MILK AND AN ORANGE, NOT ONLY WOULD VITAMINS IN THEIR BEST FORM BE OBTAINED, BUT IN ADDITION OTHER VALUABLE NUTRIENTS AND CALORIES NOT PROVIDED BY THE COMMERCIAL PRODUCT.

So much has been written with reference to nutrition and the nutritive value of our staple foods that it would hardly seem necessary to devote so much space to this subject. In view, however, of the constantly increasing number of the proprietary products advertised as being rich in vitamins, which are offered to the public, it would appear that a word of caution is not out of place.

The newspaper should not be considered as one's physician or diagnostician.

The medical journals should carefully censor all offered advertisements relative to vitamins and not permit insertion of those making claims that are in any way misleading or deceiving.

Dr. A. J. Scott, Jr., Appointed Member of Board.

Dr. A. J. Scott, Jr., of Los Angeles, has been appointed by Governor Stephens as a member of the State Board of Health to fill the vacancy caused by the death of Dr. Walter Lindley.

The advanced consumptive is the real danger to the family and community. A dying consumptive should be removed to a healthy, comfortable place to die in without endangering the community; this is the only way in which the epidemics of chronic diseases may become extinct.—Jacobi.

There is truly no other single factor, no other destructive agency—catastrophe, pestilence, blight or warfare—which typifies to the extent that this disease (tuberculosis) does the pathos of existence, and the cold indifference of Fate to human suffering.—Huber.

Digitized by Google

MORBIDITY.

Diphtheria.

Diphtheria continues to drop, only 165 cases were reported last week. This is the lowest number for any week since last September. Of this total 11 were reported from San Jose, 11 from Oakland, 37 from Los Angeles and 48 from San Francisco.

Smallpox.

Most of the 88 cases of smallpox reported last week were scattered throughout the state. Santa Clara County, including San Jose, reported 32 cases.

Typhoid Fever.

The 5 cases of typhoid fever were scattered: Oakland 1, Los Angeles 1, Fresno County 1, Sacramento 1, Santa Paula 1.

Influenza.

Reports of 4315 cases of influenza for the week ending February 18 have been received to date. The greatest incidence has occurred as follows: Alameda 209, Alhambra 19, Berkeley 499, Benicia 70, Burlingame 25, Cloverdale 15, Chico 16, Eureka 41, Fullerton 12, Gilroy 13, Huntington Park 40, King City 24, Long Beach 20, Los Angeles County 94, Los Angeles City 778, Merced 49, National City 22, Oakland 184, Orange County 29, Pasadena 52, Petaluma 75, Pittsburg 32, Pinole 54, Pomona 20, Redding 46, Sacramento 89 San Francisco 1034, San Leandro 17, San Mateo 81, Santa Maria 51, Santa Monica 30, Santa Paula 11, Santa Rosa 29, Solano County 25, Stockton 17, Siskiyou County 12, Taft 25, Torrance 32, Walnut Creek 18, Yolo County 92.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA (Lobar)
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Jan. 28	1922 Week ending Feb. 4	1922 Week ending Feb. 11	1922 Reports for week ending Feb. 18 received by Feb. 21	1921 Week ending Jan. 29	1921 Week ending Feb. 5	1921 Week ending Feb. 12	1921 Reports for week ending Feb. 19 received by Feb. 23
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	1	8	7	3	5	3	2	5
Chickenpox	122	107	168	180	231	178	224	134
Diphtheria	301	247	214	165	182	133	129	78
Dysentery (bacillary)	1	0	0	0	0	1	0	1
Epidemic encephalitis	1	6	1	1	3	0	4	4
Gonorrhoea	70	118	100	32	94	122	54	76
Influenza	68	119	1,013	4,315	53	104	118	155
Leprosy	0	0	0	0	0	2	1	1
Malaria	1	2	3	3	2	2	5	3
Measles	14	14	20	22	536	622	752	659
Mumps	99	75	120	92	278	260	354	275
Pneumonia	100	139	196	182	109	95	135	113
Poliomyelitis	4	0	0	0	0	0	1	1
Scarlet fever	146	180	144	114	139	120	156	153
Smallpox	122	102	93	88	246	320	233	237
Syphilis	101	65	137	32	47	131	77	81
Tuberculosis	145	147	157	123	213	155	184	194
Typhoid fever	12	11	7	5	12	2	15	8
Whooping cough	57	51	61	42	96	52	61	34

IF YOU WISH TO RECEIVE THIS PUBLICATION REGULARLY, IT WILL BE NECESSARY FOR YOU TO SEND A POSTCARD TO THE CALIFORNIA STATE BOARD OF HEALTH, SACRAMENTO, GIVING YOUR NAME AND CORRECT ADDRESS.

16990 2-22 5M

Digitized by Google

IA1
B5

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Application made for entry under second class mailing privileges at the post office at Sacramento, California.

Vol. I, No. 3 MARCH 4, 1922 GUY P. JONES EDITOR

INFECTIOUS JAUNDICE.

An outbreak of infectious jaundice has been reported in this state. Dr. Tickell of Nevada City has reported that a number of cases occurred late last fall and that since January 1, this year, 18 cases have occurred.

Dr. Frank L. Kelly, epidemiologist of the State Board of Health, made an investigation and sustained Dr. Tickell's diagnosis.

Occasional outbreaks of infectious jaundice have occurred in this country for years but during the past two years the incidence has increased, a number of outbreaks having been reported in the East. The New York State Department of Health reports that jaundice has been prevalent in epidemic form in practically every section of the state during the past fall and winter, one physician having attended as many as 150 cases in his rural practice. During November and December, 1921, there occurred an epidemic of 69 cases at Yale University.

The mortality of this disease is low. Only five deaths have been recorded in the United States out of about 3000 cases. Dawson and Hume give a fatality rate of from four to five per cent in the British Army. In Japan, however, the mortality is higher, from 30 to 50 per cent of the cases terminating fatally.

The diagnosis is usually easy, according to Wolbach, because early jaundice following a sudden onset of high fever, with severe headache, generalized pain, great exhaustion, conjunctival conjection and herpes labialis is not common in any other disease.

The lepto-spiro icterohemorrhagiae which has been found to be constantly present in the Japanese cases and also in the rats in epidemic centers there, has not been found in any of the American outbreaks. New York has found, however, that an unusual prevalence of rats is very often found in those communities reporting cases. In human cases the spirochaete may be found in the blood during the first seven days of the disease and in the urine from about the third week on, sometimes persisting for several weeks after recovery.

The State Board of Health is very anxious to investigate any outbreaks which may occur and requests that any cases coming to the attention of the health officers be immediately reported.

INFLUENZA.

Influenza is at present more prevalent than at any time since 1920. The greatest number of cases reported during any one week that year was 14,879; reports received to date for last week total 10,033. It is possible that a 12,000 mark will be reached by the end of the week when all of the reports have been received.

We are undoubtedly reaching the peak of the disease at the present time, and may look for a general subsidence from now on. However, it is quite possible that there may be a slight rise or minor second wave in about a month from now.

This epidemic seems to be of mild type. This year gastro-intesfinal symptoms are common. The number of cases of pneumonia in proportion to the number of cases of influenza is much less than in the previous outbreaks. Physicians are reporting cases of otitis media as a complication of the disease.

Digitized by Google

SMALLPOX.

Calexico recently reported a group of 55 cases of smallpox of unusual severity. In this group there were seven deaths. When we consider that of the 5580 cases of smallpox reported throughout the state during 1921, only 19 deaths occurred (five of these being in Calexico), it is very evident that we have imported a new and very virulent strain of this disease.

From the information received during our investigation we are satisfied that the infection was introduced from the interior of Mexico, where smallpox, with a high mortality, is known to exist. A group of 150 Mexicans were landed on the Colorado River about 60 miles below Calexico, some of whom had this virulent form of the disease. It spread from there into the surrounding territory and eventually appeared in the Mexican settlement west of the railroad at Calexico. From the Mexican settlement it spread to different parts of Calexico proper. Most of the cases in this epidemic were of the confluent type, and, as noted, seven of them died. A mother of one of the cases that recovered has been a conscientious objector to vaccination, but after her son had contracted the disease, and she realized what a loathsome form smallpox can take, she was only too willing that photographs be taken of him and shown to the public, and was most anxious to help in any other way to influence other mothers to have their children vaccinated.

As shown by the table accompanying this article, during the past six years smallpox has been on the increase in California, but it has been of a very mild type and the mortality has been very low throughout this whole period. The outbreak in Calexico was controlled in exactly the same way that the outbreaks of mild type have been controlled, namely, through widespread vaccination. Experiences gained during past epidemics have taught the world that quarantine of actual cases helps comparatively little in

IF YOU WISH TO RECEIVE THIS PUBLICATION REGULARLY, IT WILL BE NECESSARY FOR YOU TO SEND A POSTCARD TO THE CALIFORNIA STATE BOARD OF HEALTH, SACRAMENTO, GIVING YOUR NAME AND CORRECT ADDRESS.

Digitized by Google

control of this disease. The only really effective thing is protection through vaccination. A PERSON WHO HAS BEEN RECENTLY SUCCESSFULLY VACCINATED CAN NOT TAKE SMALLPOX.

There appears to be a contradiction in the two statements of the Calexico epidemic being controlled by vaccination and the increase of smallpox throughout the state; however, these two statements do not conflict, for during the past six years there have been local outbreaks throughout the state with increased frequency, each in turn being checked by widespread vaccination. This has not protected other communities where vaccination had been neglected and where a large percentage of the people are unvaccinated. In no town where the disease was checked by vaccination during these years has it gained a foothold a second time; it could not, because nearly everybody in these towns are protected, some few by having the disease, but a greater number by vaccination.

Notwithstanding these local outbreaks and the great number of people who have been thus vaccinated, vaccinations are not being done as quickly as the population is increasing. In other words the population of unvaccinated in this state is on the increase, and very markedly so. This means that with the introduction of this new virulent strain of smallpox, and this introduction is practically uncontrollable, with the present neglect of vaccination we must expect a decided increase in deaths from this disease. In other words, if you don't want your children to have or possibly to die from smallpox, *have them vaccinated.*

Smallpox in California.

Cases Reported by Years.

1916	248
1917	329
1918	1,100
1919	2,053
1920	4,486
1921	5,580

The prevention of disease and not its cure is what we are seeking today. Health officers are not intended, primarily, to check epidemics but to prevent them. Disease epidemics are a waste of time, energy and money which is entirely unnecessary. The same taxes which buy police and fire protection, street paving, good roads and bridges, will also buy good health.

Conference of Social Workers.

The California Conference of Social Work will meet in San Diego April 25, 26, 27 and 28.

The conference will afford to all social workers an opportunity to meet together and discuss, collectively, their individual problems. The program is well under way and will take up such subjects as:

Education
Public Health
Delinquency
Recreation
Family and Child Welfare
Industrial Problems
Relief

The program as outlined promises the most progressive and forward-looking conference yet held. The whole trend emphasizes the value of preventive measures, and the right kind of education.

Assistant Physician Examination.

The California State Civil Service Commission announces examinations for the positions of First Physician, Assistant Physician in the State Hospital for the Insane, to be held in Sacramento, San Francisco and Los Angeles on April 8, 1922. The salaries for the various positions range from $2,040 to $3,240 per year. Those interested should communicate with the Civil Service Commission immediately.

There is no greater human desire than that for good health. To secure it for the individual, reared amidst the complexities of modern civilization, requires trained leadership of the highest type which knows, and can put into practice, such personal and community health habits as will prevent the development of needless disease and physical or mental defects, thereby prolonging life and increasing efficiency.—State Board of Health, Kentucky.

I pity no man because he has to work. If he is worth his salt, he will work. I envy the man who has a work worth doing, and does it well. There never has been devised, and there never will be devised, any law which will enable a man to succeed save by the exercise of those qualities which have always been the prerequisites of success—the qualities of hard work, of keen intelligence, of unflinching will—Theodore Roosevelt.

I think that saving a little child
And bringing him to his own,
Is a derned sight better business
Than loafing around the throne.
—John Hay—"Little Breeches."

Digitized by Google

MORBIDITY.

Diphtheria.

Diphtheria seems to have dropped back to that point which is normal for this time of year. During the past four weeks the drop has been from 247 cases reported to 138 and this number compared with 127 this time last year shows that the state-wide diphtheria epidemic of this winter has subsided.

Influenza.

Influenza has shown a marked increase over last week. 10,033 cases have been reported to date as compared with 4,315 reported this time last week. The most of this week's reports are distributed as follows: Alameda 110, Berkeley 678, Colusa 61, Davis 200, Grass Valley 88, Long Beach 58, Los Angeles County 400, Los Angeles 3651, Modesto 87, Oakland 237, Ontario 63, Petaluma 98, Pasadena 304, Sacramento 91, San Francisco 989, San Mateo 101, San Rafael 50, Santa Cruz 83, Santa Rosa 98, Santa Monica 209, Sonoma County 58, Stockton 113, Taft 126, Ventura 94, Williams 200.

Poliomyelitis.

For the week ending February 25 two cases of poliomyelitis were reported, 1 from Gilroy and 1 from Roseville.

Smallpox.

Sixty-five cases of smallpox were reported last week. These cases were distributed as follows: Bakersfield 2, Beaumont 1, Berkeley 3, Calexico 1, Fresno County 2, Fullerton 1, Hollister 4, Kern County 9, Lodi 2, Long Beach 1, Los Angeles 1, Merced County 1, Modesto 5, Palo Alto 1, San Francisco 6, San Jose 8, Santa Clara County 6, Stockton 2, Taft 3, Tulare County 1, Ventura 1, Yolo County 3.

Typhoid Fever.

Only seven cases of typhoid were reported, 1 from Stockton, 2 from Pomona, 1 from Chico, 3 from Oakland.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA (Lobar)
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Feb. 4	Feb. 11	Feb. 18	Reports for week ending Feb. 25 received by Feb. 28	1921 Week ending Feb. 5	Feb. 12	Feb. 19	Reports for week ending Feb. 26 received by Mar. 2
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	8	7	3	2	3	2	5	1
Chickenpox	107	168	198	139	178	224	154	253
Diphtheria	247	214	188	138	133	129	117	127
Dysentery (bacillary)	0	0	0	0	1	0	1	1
Epidemic encephalitis	6	1	1	2	0	4	4	2
Gonorrhoea	118	100	35	54	122	54	78	51
Influenza	119	1,013	5,238	10,033	104	118	158	238
Leprosy	0	0	0	0	2	1	1	1
Malaria	2	3	4	2	2	5	3	3
Measles	14	20	25	22	622	752	739	830
Mumps	75	120	102	81	260	354	290	333
Pneumonia	139	196	197	212	95	135	119	102
Poliomyelitis	0	0	0	2	0	1	1	1
Scarlet fever	180	144	148	130	120	156	166	116
Smallpox	102	92	101	65	320	233	252	212
Syphilis	65	137	36	82	131	77	94	48
Tuberculosis	147	157	138	177	155	184	202	141
Typhoid fever	11	7	16	7	2	15	8	4
Whooping cough	51	61	47	31	52	61	38	59

16990. 3-22 5M

Digitized by Google

035

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Application made for entry under second class mailing privileges at the post office at Sacramento, California.

Vol. I, No. 4 MARCH 11, 1922 GUY P. JONES EDITOR

The 1922 Influenza Outbreak.

The peak has been reached in the present outbreak of influenza. With relation to numbers of cases reported and rate of progression the outbreak is quite similar to the outbreak of 1920. If anything, the existing epidemic involves a smaller number of people than the epidemic of 1920. There is absolutely no comparison between the 1922 outbreak and that of 1918-1919, either in regard to the number of cases, severity of attack or mortality. Comparative figures, showing the progression, by weeks, of the 1918, 1919, 1920 and 1922 outbreaks follow:

	1918.	1919.	1920.	1922.
First week	794	12,804	1,930	1,013
Second week	8,040	10,546	8,407	5,238
Third week	28,863	11,699	14,879	12,115
Fourth week	45,069	21,121	14,393	11,668
Fifth week	39,691	19,024	10,847	-----
Sixth week	25,280	9,067	6,738	-----
Seventh week	16,021	3,548	3,627	-----
Eighth week	10,403	1,682	2,251	-----
Ninth week	7,257	696	1,018	-----
Totals	181,418	90,187	64,090	30,034

There was no epidemic of influenza in California last year. There was a slight increase in the number of cases of the disease reported during January and February of that year, but the disease failed to become sufficiently extensive in 1921 to justify any comparison with outbreaks of other years.

The existing epidemic is state-wide in its prevalence. More cases are being reported from the southern part of the state than from the northern part. Aside from the mild type of the disease the most outstanding feature of the 1922 outbreak lies in the large groups of cases that occur in offices, factories and stores where large numbers of individuals are in close daily association. The same feature was conspicuous in preceding outbreaks, but in the 1922 epidemic larger numbers of persons employed in the same offices, stores or factories are taken ill at the same time. This has crippled the service in many mercantile establishments, railroad offices, telephone companies and other institutions.

It would appear, at present, that the worst of this outbreak is passed. Considerable numbers of cases will undoubtedly be reported during the coming weeks, but the worst conditions in the present outbreak have been encountered already.

Influenza is still the great mystery among epidemic diseases, but even so, it is no more mysterious than measles. The individual who learns the cause of measles will undoubtedly be able to solve the influenza mystery, for the mode of transmission and many other epidemiological factors are identical in these two diseases. There is much work to be done in correlating and adding to our knowledge concerning the respiratory infections.

Has Age of Pestilence Passed?

No. Any individual who is capable of recalling the influenza outbreak of 1918-1919 must readily admit that the fall and winter of those years were days of real pestilence. Of this, Dr. Victor C. Vaughn says: "We are inclined to boast that the age of pestilence has passed, but, with a fair acquaintance with the history of epidemics, I dare say that the world has never before known a pestilence more widespread,

Digitized by Google

more intensive and appalling in its progress, or more destructive to life than the epidemic of influenza which apparently came into being and grew in violence as the World War passed through its final stages. It seemed that Nature gathered together all her strength and demonstrated to man how puny and insignificant he and his forces are, with all their murderous machinery, in the destruction of his fellows. We have not passed beyond the age of pestilence. Much has been done in man's struggle against disease, but greater things are to be done. There has been no armistice signed between man and disease. Influenza, pneumonia, cerebrospinal meningitis, poliomyelitis and tuberculosis are still using weapons against which our defense is quite inadequate. They employ strategy in approach and attack which we do not fully understand. In the war against epidemic disease we must not permit the elation due to past victories to make us less careful and thorough in preparation for battles of the future."

Epidemiology and Public Health.

"The more of epidemiology we know and practice the smaller will be the numbers involved in an epidemic. Every practitioner of medicine owes it to his individual patient to do the best he can to restore him to health, but if the disease is an infectious one, the same practitioner owes a greater debt to the community in which the patient lives, and that is to protect the community from the spread of the disease. It may be asked how many cases of a given disease must appear in a given community before the presence of an epidemic should be recognized. Every case of infectious disease should be regarded as a possible source of an epidemic.

We must not only study epidemic disease when it appears, but we must know this science so well that we shall be able to prevent the occurrence of epidemic diseases. The epidemics of smallpox, typhus and typhoid fever in the past have given us such full and detached information concerning the nature and transmission of these diseases that now, whenever this knowledge is constantly and properly applied, they are negligible factors as causes of morbidity and mortality even in unusual assemblies of men. We must study the history of epidemics, because from this source we acquire information of the greatest value, but this information is useless unless we are able to make proper application of it. The aim of the medical profession is to reduce morbidity and mortality to a minimum. While all diseases are not infectious, there remains much to be done in the control of the agencies, which, even up to the present time, contribute so largely to the sickness and death rates."

VICTOR C. VAUGHN, M.D.

* * *

"The discovery of the bacterial and protozoal causes of disease merely constitutes the foundation upon which we must build. The foundations have been laid, but the superstructure awaits the energy, skill and intelligence of this and coming generations. Forty years ago it was believed that by sanitation we would remove the danger from the infectious diseases. The sanitary engineer has accomplished great things. He has drained malarial marshes, sewered our cities, provided means for the destruction of our garbage, greatly reduced both morbidity and mortality, and made conditions of life more pleasing. The diagnostic skill of our physicians has been aided by the discovery and application of scientific instruments of precision. The fruits of physical, chemical and biologic research have been abundant and nourishing. Notwithstanding all these advances, there is much to be done. Thirty years ago we believed that the infectious diseases are transmitted directly from the sick to the well. Then we were convinced that in order to stamp out an epidemic it was only necessary to isolate the infected. Now we know that most infections are distributed by those who are in apparent health. The man who is sick at home or in hospital with typhoid fever, or cerebrospinal meningitis may be dangerous to those immediately about him, but there is little probability that he will scatter the seeds of the disease from which he suffers, in the community at large. It is the carrier of diphtheria, typhoid fever, or other infectious disease, who is the greatest and most ubiquitous distributor of disease. Most of the bacteria which infect man grow naturally only in man's body, but they do not cause disease in all who carry them. The science of bacteriology wears quite a different aspect and its teachings are quite widely different from those which we learned even twenty years ago."

VICTOR C. VAUGHN, M.D.

Digitized by Google

The Menace of Old Tin Cans.

Empty tin cans containing a little water constitute ideal breeding places for mosquitoes. Some of the food contents are certain to cling to the sides of tin cans after the contents are removed, attracting flies and providing them, as well as rats, with food. Empty tin cans should be buried or destroyed. Too often they are left where they may constitute a public health menace and a nuisance. The *Rialto Record* of February 10 soliloquizes upon the subject of tin cans:

"Tin cans are curious things! In a way they resemble human beings. When they are well-filled and nicely decorated they are a joy to have around, but when they are empty and their attractiveness is gone they are a drug on the market. so to speak, except in so far as their usefulness is concerned.

A tin can standing on the shelves of a well-stocked grocery store is a most attractive bit of merchandise. Many hours have been spent by artists in depicting the colored illustrations which adorn the exterior of these shining receptacles; and many hours have been devoted by expert chefs in preparing the contents which go into these cans for the satisfaction of the public.

As they rest there on the shelves of the grocery stores they seem to stand as signals of suggestion to the housewives who are constantly searching for something palatable for their tables. The artistically drawn vegetables and fruits with their high colorings assist a great deal in making selection easy for the purchaser who takes them home and many times stocks a well-filled grocery of her own on her upper cupboard shelf, awaiting the time when the arrival of unexpected guests will make the presence of the gaily covered cans all the more welcome.

All of this time the can is a desirable, attractive, useful piece of merchandise and it has a place in the scheme of life's affairs be it ever so humble. But—once that can is opened and its contents removed and the gay coverings are exposed to the sun and rain and dirt and grime then—it is no longer attractive but it becomes an eye-sore to society and should be kept from sight in every possible way.

So many, many times the only jarring note in an otherwise perfect California setting—good roads, balmy air, blue sky, ideal scenery, is a great heap of rusty, jaggy, ill-smelling tin cans. Why will the people do it? Why will they insist upon throwing their discarded cans along the roadsides where every motor bus, every tourist's motor car, every admirer of this great country's scenic beauties, will have to pass in their trips over these wonderful highways of the state.

Surely no self-respecting citizen would be guilty of such ruthless destruction of California's beauty spots! And yet, it seems impossible to take a trip of ever so few miles without having to pass at least one and many times several of these unsightly heaps of cans. Usually some gully along the road is selected as the proper place in which to deposit the cans. A few roll down to the bottom, others catch in the grass and on the rocks and still others get little distant from the edge of the road and the result is one conglomerate mass of ugly, rusted, dented and dirty cans strung from the roadside down one of California's grassy slopes, which rightfully brings a shudder of disgust and a chill of disapproval to all who have to look upon these ravages of the natural beauty spot.

There is no excuse for the people of this district resorting to such subterfuge to dispose of their cans as a suitable place has been provided by the city for such rubbish away from the frequented roads and in a location where filled-ground is especially needed.

In so much as these thoughtless people have so little pride in their home district, and in their southland beauties, it will probably take the enforcement of a county ordinance or some other strong arm of the law to bring them to a realization of the great injury which they are inflicting upon their community and their fellowmen."

Health is a fundamental to all success. The prosperity of our state, in the last analysis, depends upon the bodily vigor of its citizens. This is a self-evident proposition—a premise which every right-thinking man must admit. Without good health as an asset our people can not meet the severe physical and mental requirements of the time.—Governor H. M. Dorsey.

Then comes the startling question that pierces the breaking hearts of so many thousand afflicted relatives: "Is there no remedy? Is there no palliation of the evil?" It is one of the greatest triumphs of scientific medicine to be able to reply "Yes, the evil may be palliated and is rapidly being lessened, and for many, at least a remedy has been found."—Osler.

Nations are gathered out of nurseries. The child is the state's best security for the future. —Kingsley.

Digitized by Google

MORBIDITY.

Smallpox.

There was a considerable decrease in the number of cases of smallpox reported last week. Of the 49 cases reported, 20 were in Santa Clara County, including San Jose, 13 were in Kern County, including Bakersfield, 5 were in San Joaquin County, and the remaining 11 cases were scattered over the state.

Influenza.

There were 11,668 cases of influenza reported last week, as against 12,115 reported during the preceding week. The largest numbers of cases occurred in the following localities:

Berkeley 249, Blythe 64, El Segundo 73, Fresno County 95, Fresno 128, Grass Valley 76, Humboldt County 51, Hermosa Beach 65, Los Angeles County 550, Los Angeles City 3061, Manteca 77, Merced County 168, Merced 69, National City 62, Ontario 83, Oakland 156, Pacific Grove 60, Pasadena 283, Petaluma 95, Pomona 189, Sacramento County 76, Sacramento 76, San Jose 140, Santa Cruz County 52, Santa Cruz 56, Santa Ana 210, Santa Monica 127, Santa Paula 87, Santa Rosa 65, San Francisco 515, Sonoma County 232, Stanislaus County 77, Stockton 148, Taft 57, Torrance 56, Tulare County 68, Watsonville 60, Woodland 75, Visalia 126, San Diego 498.

Give him air, he'll soon be well—Shakespeare.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Feb. 11	Feb. 18	Feb. 25	Reports for week ending Mar. 4 received by Mar. 7	1921 Week ending Feb. 12	Feb. 19	Feb. 26	Reports for week ending Mar. 5 received by Mar. 9
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	7	3	3	2	2	5	1	4
Chickenpox	168	198	171	156	224	154	305	247
Diphtheria	214	188	160	116	129	117	139	97
Dysentery (bacillary)	0	0	0	1	0	1	1	2
Epidemic encephalitis	1	1	2	1	4	4	3	3
Gonorrhoea	100	35	60	110	54	78	61	105
Influenza	1,013	5,238	12,115	11,668	118	158	232	172
Leprosy	0	0	0	0	1	1	1	0
Malaria	3	4	2	0	5	3	3	3
Measles	20	25	24	19	752	739	1,031	744
Mumps	120	102	106	90	354	290	370	330
Pneumonia	196	197	232	331	135	119	115	99
Poliomyelitis	0	0	2	1	1	1	0	1
Scarlet fever	144	148	156	94	156	166	144	130
Smallpox	92	101	81	49	233	252	235	201
Syphilis	137	36	87	132	77	94	60	117
Tuberculosis	157	138	186	143	184	202	156	196
Typhoid fever	7	6	8	8	15	8	4	11
Whooping cough	61	47	47	53	61	38	56	48

16990 3-22 5M

Digitized by Google

J 195

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 5 MARCH 18, 1922 GUY P. JONES EDITOR

Leprosy Problem Solved.

The Surgeon General of the United States Public Health Service has applied to the California State Board of Health for transportation permits, as required under the Interstate Quarantine Regulations, for the removal of all lepers in California to the new federal leprosarium at Carrville, Louisiana. This act marks all but the final step in the complete solution of the problem relating to the care of lepers by the counties, a problem that has been a source of aggravation and great expense to many California counties.

The agitation for the establishment of a federal leprosarium was started by the California State Board of Health in 1914, and the board looks upon the hospitalization of all these afflicted individuals throughout the United States, in a government institution, as one of its most effective accomplishments.

In the conclusion of his report upon the problem of leprosy in this state to the California State Board of Health in 1914, Dr. George E. Ebright, president of the board, stated:

"I, therefore, take the liberty, in order to bring about what appears to be the best solution of the problem, of suggesting that the California State Board of Health, through the proper channels, represent to the Congress of the United States that the care of lepers should be in charge of the United States Government rather than that of the various states and that Congress be urged to establish, presumably preferably under the United States Public Health Service, such colony or colonies for lepers as may be necessary to meet the situation, for the following reasons: It is a hardship and an injustice to expect the various counties to be at all times prepared for the care of lepers, inasmuch as the number of lepers is very few in any one county and the cost of their care and maintenance is high compared with other patients. Moreover, it is not feasible to await the appearance of a leper before building a suitable hospital for his confinement. It is not necessary to dwell upon the importance from the standpoint of public health for strict segregation and quarantining of all cases of leprosy. Again, inasmuch as practically all cases of leprosy occurring in the State of California are in persons who have come from either other states or foreign countries, the question is more properly one for the consideration of the United States Government than for the state government."

Following the adoption of this report the board passed resolutions urging the Governor and representatives in Congress to use their influence toward the establishment of a federal leprosarium under the United States Public Health Service. The matter was taken up with the other state boards of health and full support was given to a bill in Congress which provided funds for the establishment of a national leprosarium. This bill was signed by the President in February, 1917. Various difficulties encountered, chiefly those relating to the location of a favorable site, delayed the construction of the institution. The final chapter in the story comes with the actual removal of all these unfortunate individuals in the United States to this government institution, where special care and treatment can be administered to these afflicted persons, and the counties be relieved of the burden of their care.

Digitized by Google

Human Fluke Infections Reportable.

The California State Board of Health, at one of its recent meetings, made human fluke infections a reportable disease. This action followed the discovery of a large number of Chinese merchants who were suffering from the disease and who had been held in detention by the immigration authorities for a considerable period of time. Action was taken leading to the deportation of these afflicted individuals, but there are undoubtedly a number of orientals now living in various parts of California who are afflicted with fluke infections. Such cases should be reported, if discovered, without delay.

Killing Rats With Automobiles.

It would appear that automobiles are effective, not alone in killing human beings, but in the destruction of rats, as well. The deadly exhaust gases are used in asphyxiating the rodents. Attach a pipe or garden hose to the exhaust of the automobile, start the engine and run the gas into the rat hole—simple and effective. Arthur Brisbane says that this method of fighting the rat is important. He adds:

"Man's most dangerous enemy is the rat, carrying disease, spreading plagues, destroying property. To get rid of mice, rats and mosquitoes, forever, would be worth to this earth many times the cost of the big war."

Noted Penologist Coming.

Thomas Mott Osborne, former warden of Sing Sing Prison, who accomplished lasting reforms in the improvement of conditions in that prison, will be one of the speakers at the State Conference of Social Workers, to be held in San Diego, April 25th to 28th. The presence of this noted penologist should be of interest to judges, district attorneys, police departments, superintendents of penal institutions, social and health workers.

Fighting Mosquitoes With Fish.

The top minnow has been used successfully in the warfare directed against malaria in some of the southern states and it would seem that this method may be equally effective in California, provided that these fish can be found and successfully transported within the state. If this is not possible, it is likely that the importation of top minnows from one of the southern states will be attempted.

Concerning the use of top minnows in the control of Anopheles breeding in Mississippi, the International Health Board reports: "The fish were procured from a large pond within the community; were easily transported, multiplied rapidly, wintered well, and were tremendously effective in devouring mosquito eggs and larvæ. Wherever conditions favored their use, they demonstrated important advantages over oil; the original cost represented only the slight labor of transportation; they were relatively permanent, only a few places requiring occasional restocking; they were unaffected by rain or wind; and were effective in many breeding places, as in stock ponds and certain running streams, where oil could not be applied."

Milk Bread Must Contain Milk.

Investigations made by the State Board of Health show that many bakers have been selling a certain style loaf of bread as "milk bread," which bread is not, in fact, made with milk. None of the bakers investigated used any whole milk; a few of them used a small amount of dried skim milk or condensed skim milk. In some instances, the bread was labeled "milk bread"; in other cases it was not so labeled but was simply sold as "milk bread."

A large number of bakers were given a hearing before the State Board of Health on March 4th. They stated that it had become a matter of practice to call a certain style of loaf "milk bread," regardless of whether or not it contained any milk. It was also shown that this type of bread constitutes only about 16 per cent of the bakers' output.

The board ruled that the use of the word "milk" in connection with bread, as ordinarily practiced, is in violation of the pure food law. The bakers expressed their willingness to discontinue the use of the term "milk bread," and in view of this attitude it appears that the difficulty can be very easily corrected. Retail grocers and others who handle bread will be asked to cooperate in this matter.

Prepare Automobile Camps Now.

In a few weeks the automobile tourists will block the highways. Municipal automobile camps should be made ready now for the great increase in travel

Digitized by Google

which will certainly follow the advent of warm spring weather. New equipment, if needed, should be installed immediately. If no caretaker has been engaged, steps should be taken immediately for the employment of such an individual throughout the touring season. According to the records of the State Board of Health, there are at least one hundred and twenty-five municipal automobile camps in California. The State Board of Health sanitary inspectors will make inspections of all of these camps at the earliest possible moment in order to determine if the regulations of the board for the maintenance of such places are being strictly observed. Copies of these regulations will be sent to the officials of any cities requesting them.

Auto Camps Are Valuable.

Through the establishment of well conducted municipal and private automobile camps, promiscuous camping is greatly lessened. Consequently, fewer streams become polluted and the public health is safeguarded. The municipal automobile camp also serves many advantages to the town in or near which it may be located. The secretary of the Willits Chamber of Commerce says: "We raised the money for our auto camp ground by a carnival. The care of the park is in the hands of a caretaker at $75 a month. The benefits derived by our business men are beyond computation, but we figure that every car camped in our ground leaves many dollars. The equipment that we have and contemplate installing consists of lavatories, swimming pool, shower baths, camp stools, tables and benches. Our idea is to impose a nominal charge of fifty cents a day with extra charges for wood. There is no question but that a properly installed auto camp is a wonderful acquisition to any community and we are bending every effort to make ours one of the best in this section of the country."

Correct Defects in Childhood.

The importance of correcting defects and in preventing the contraction of communicable diseases in childhood is emphasized strongly by Sir George Newman, Medical Officer of Health, England, in the following words: "If the child be left the prey of neglected measles, scarlet fever, rheumatic fever, malnutrition or dental decay the results in adolescence and adult life are certain and inevitable, namely, tuberculosis, nephritis, cardiac disease, anaemia and debility, or an early loss of teeth. The law of cause and effect operates universally and with precision. We obtain much of the disease and premature disease which occurs between the ages of eighteen and fifty-eight, first, because we neglect to deal with the origins of disease in childhood, and, secondly, because we fail in that period to sow the seeds of hygiene and healthy living—the insistence upon the essential elements of health, viz, fresh air, exercise, warmth, nutrition, cleanliness habit. Thus, childhood is the time for the prevention of disease, the nipping of it in the bud, as well as for a sound education in a healthy way of life. The final issue of a comprehensive system of physical welfare before school life, during school life and in adolescence is a citizen educated in hygiene, possessing a health-conscience and trained in personal and social habits to avoid infection, to live in accordance with the laws of health, and to understand that the individual body in health is the first line of defense against disease."

The Fight on Communicable Diseases.

Lack of concerted effort in the control of communicable diseases, apathy upon the part of citizens and some officials, disorganization, and a public conscience asleep are all important factors in the development of outbreaks of communicable diseases and failure in their control. Of this, Sir George Newman, Medical Officer of Health, England, says:

"The time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease—particularly the mass of crippling morbidity and invalidism which is undermining the capacity and efficiency of the people—an attack which will depend for its achievement upon a close partnership and cooperation between all branches of medicine, between the medical profession and the public, and between the governing authorities and those who are governed. We can not continue wisely to rely upon piecemeal effort, divided counsel and conflicting authorities. If the nation desires ever to rid itself of the common enemy there must be unity both of purpose and action—and even so that task will be a long one."

Digitized by Google

MORBIDITY.

Influenza.

Influenza dropped to 5249 reported cases last week. The curve for the 1922 outbreak is very similar to that for the 1920 epidemic. The largest numbers of cases were reported in the following localities: Anaheim 22, Banning 29, Bakersfield 48, Berkeley 129, Blythe 126, Calaveras County 35, Chico 47, Chino 27, Coalinga 60, Covina 37, Colusa 21, El Segundo 45, Fullerton 53, Kern County 91, Los Angeles County 292, Long Beach 69, Lincoln 25, Los Angeles 1243, Madera 71, Merced 38, Mill Valley 68, Modoc County 20, National City 30, Ontario 116, Orange County 96, Oakland 32, Palo Alto 93, Pasadena 79, Redding 31, Riverside 73, Redlands 59, Red Bluff 31, San Diego 329, San Francisco 121, San Jose 44, Santa Ana 91, Santa Monica 47, Santa Cruz County 33, Scotia 29, Stanislaus County 64, Stockton 51, Tulare County 69, Ukiah 44, Visalia 63, Watsonville 133.

Smallpox.

There were but 52 cases of smallpox reported last week. Of these, 26 were in San Jose and in the small cities and rural districts of Santa Clara County. Tulare County reported 5 cases, Fresno County 4 cases, and Bakersfield 4 cases. The rest of the cases were scattered throughout the state.

Typhoid.

Typhoid is at low ebb. There were but 5 cases in California last week. Two of these were in Los Angeles and 1 each in Lassen, Los Angeles and Merced counties.

Poliomyelitis.

One case of poliomyelitis was reported in Pasadena and 1 in Tehama County.

Scarlet Fever.

Scarlet fever showed a decrease last week. This disease has been more prevalent than usual, during the past few weeks.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Feb. 18	1922 Week ending Feb. 25	1922 Week ending Mar. 4	1922 Reports for week ending Mar. 11 received by Mar. 14	1921 Week ending Feb. 19	1921 Week ending Feb. 26	1921 Week ending Mar. 5	1921 Reports for week ending Mar. 12 received by Mar. 16
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal meningitis	3	3	2	1	5	1	4	2
Chickenpox	198	171	176	149	154	305	252	253
Diphtheria	188	160	139	143	117	139	102	131
Dysentery (bacillary)	0	0	0	0	1	1	2	1
Epidemic encephalitis	1	2	1	1	4	3	3	1
Gonorrhoea	35	60	118	93	78	61	109	69
Influenza	5,238	12,115	12,197	5,249	158	232	195	186
Leprosy	0	0	0	0	1	1	1	2
Malaria	4	2	0	0	3	3	3	1
Measles	25	24	23	22	739	1,031	813	798
Mumps	102	106	109	67	290	370	335	248
Pneumonia	197	232	300	227	119	115	101	94
Poliomyelitis	0	2	1	2	1	0	1	0
Scarlet fever	148	156	132	89	166	144	140	98
Smallpox	101	81	54	52	252	235	215	155
Syphilis	36	87	135	77	94	60	111	74
Tuberculosis	138	186	159	129	202	156	206	149
Typhoid fever	6	8	14	5	8	4	11	7
Whooping cough	47	41	56	56	38	56	54	28

16990 3-22 5M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 6 MARCH 25, 1922 GUY P. JONES EDITOR

Chlorination in Imperial Valley.

The State Board of Health has recently undertaken a sanitary survey of Imperial Valley, in order to determine the best measures for the control of typhoid and other water-borne diseases that are prevalent in the valley. The sanitary engineers and inspectors engaged in making the survey recommend that chlorination plants be established in those towns of Imperial County which have municipal water systems, and these recommendations have been accepted by the officials of the towns concerned. Most of the water used, both for domestic purposes and for irrigation, in Imperial County, comes from the Colorado River, and it is believed that through the proper treatment of the contaminated water from this source the incidence of typhoid throughout the valley will be reduced greatly. California takes pride in its low typhoid mortality rate and a reduction in this rate for Imperial County will help to lower the typhoid mortality rate for the whole state.

Clean Forest Playgrounds.

Forest officers in California will be deputized as sanitary inspectors of the State Board of Health to enforce state health laws in the national forests of California, according to the terms of an agreement entered into by District Forester Paul S. Reddington and the Secretary of the State Board of Health, Dr. Walter M. Dickie. Since most large streams in California have their headwaters in the national forests, many of which streams furnish drinking water for numerous towns and cities throughout the state, and since more than 1,500,000 people, most of them campers, visited these forests last year, the importance of sanitation in these reservations is paramount. Forest officers will have full authority to enforce the state health laws and they will constitute an important factor in keeping the mountain playgrounds clean, thereby conserving the health of the people of California.

Violates Quarantine: Fined.

A resident of Fresno County was last week found guilty of destroying two quarantine signs which were placed upon his residence, because of the presence of scarlet fever in his household. Deputy County Health Officer William Scales filed the complaint and Judge George B. Graham found the defendant guilty and fined him $25. Wilful violators of quarantine laws and regulations should always be given swift punishment. The Fresno County health officer is to be commended for his prompt and effective action in this case.

Safeguarding Riverside Indians.

Dr. W. W. Roblee of Riverside, physician to the Sherman Institute, a government school for Indians located near Riverside, has made Schick tests upon 800 Indians attending this school and has immunized the nonimmune by the toxin-antitoxin method. This is a most commendable piece of work in the prevention of diphtheria. The use of the Schick test and the immunization of those who are nonimmune is of greatest value in orphan asylums and other institutions where children and young adults are in continuous residence.

Digitized by Google

Gold Dredging and Malaria.

The gold dredgers working in the lower foothills of the Sierra Nevadas turn the soil completely upside down. The rich top soil is finally deposited twenty or more feet below the surface and the hardpan and boulders are brought up to form a new surface. The dredgers depend upon water for their operation, and after they have completed their work large numbers of shallow pools of water are left, held by the impervious strata that have been brought near the surface. Large numbers of Anopheles mosquitoes have been found breeding in these pools. Since it is impossible to drain these places and since great difficulties would be encountered in oiling their surfaces, it is believed that the mosquito larvæ can be most easily destroyed by stocking these pools with top minnows. The State Board of Health, in cooperation with the International Health Board representative in California, intends to experiment during the coming season with this method of mosquito control on the lands destroyed by the gold dredgers.

Fire Control and Disease Control.

Many California newspapers are publishing pertinent material in the control of the communicable diseases and improvement of local public health conditions. The Watsonville *Pajaronian* recently made the following interesting comparison between the control of epidemics and the control of fires:

An epidemic of contagious diseases is a good deal like a fire. If you catch it in the early stages you can isolate it and put it out. The community has learned this lesson in the matter of fire. The alarm is given and responded to with all the speed of which firemen and mechanical equipment are capable. But in the matter of epidemics, there is in many places much delay in giving the alarm.

Some places now are sending out notices to all householders, requiring them to notify the health officers within twelve hours of any case or suspected case of contagious diseases, either in one's own family or outside.

Some families try to conceal the existence of contagious diseases, and often fail to call a physician until children have distributed infection among their mates. Every family in Watsonville should realize the peril created by such a course.

Canners Use No Bad Tomatoes.

The 1921 tomato pack was comparatively light. Many of the canneries did not pack tomatoes at all. The canneries that did run, however, put up the best quality pack that has ever been known in the State of California. The delivery and sorting of tomatoes have been systematized to such an extent that the resultant products are exceedingly free from mold, bacteria and spores. In other words, rotten tomatoes and unfit material have been very carefully eliminated.

Inspectors of the State Board of Health have collected samples on an average of twice a week from practically all of the canneries, and our reports are based on the examination of these samples. Certain individual canneries show an average mold count less than ten for the entire season. A group of eleven canneries in the Santa Clara Valley show an average mold count on puree of 14 per cent; three other canneries in this same district had average mold counts of 39 per cent, 43 per cent and 52 per cent, respectively, bringing the average for the entire district up to 21 per cent.

The San Francisco district had an average mold count on puree of 19 per cent. Very few canneries operated in the Alameda County district, and one large cannery destroyed ninety-three cases of tomato sauce without court action. Their tomato products otherwise were not questioned.

In the Los Angeles district, four canneries showed an average mold count on puree of 20 per cent. One small cannery in the Los Angeles district showed an average mold count on tomato sauce of 60 per cent; another small cannery in the same district showed an average mold count on tomato paste of 70 per cent. The latter results were obtained from a large number of samples of the New Central Canning Company tomato paste. This company was recently prosecuted under the pure food act, found guilty and fined $500, which is the maximum fine that can be imposed under the law.

Several thousand cases of catsup and puree manufactured in Illinois, Ohio and New York, which were shipped to California, were found adulterated and were destroyed in this state.

Taking the year's tomato pack as a whole, it may be considered as of most excellent quality, and this wonderful improvement during the past few years has been due to the cooperation between the canners and the State Board of Health.

Digitized by Google

neries were prosecuted each year for packing tomato products which contained a large amount of rotten material. These canners lost approximately one million cans of tomato products each year, which were dumped as not conforming to the pure food law. This year only one cannery in the entire state has put up tomato products sufficiently bad to warrant prosecution. The results are due primarily to the rejection by the canneries of deliveries of tomatoes containing any appreciable amount of bad stock. Three years ago the canneries of this state were organized in six different districts and in each district the canners agreed among themselves and with the State Board of Health not to accept rotten tomatoes. They also agreed that if one canner should reject a lot of tomatoes that no other canner would accept the lot. Nearly every canner carried out this agreement faithfully, and the result was a great improvement in the quality of the tomato products packed. In addition to the rejection of bad tomatoes, the canners maintained a careful system of washing and sorting tomatoes as they entered the process.

As a result of this careful supervision, a grade of tomato products has been produced which, a few years ago, many of the canners thought was impossible to manufacture commercially.

New Organism Akin to Botulinus.

The existence, says the United States Public Health Service, in a recent report by Ida A. Bengtson has been demonstrated of an anærobic organism producing a soluble toxin which affects animals in a manner similar to that of the botulism organism but which fails to be neutralized by polyvalent botulinus antitoxin. Study of the organism, as found in the larvæ of the green fly *Lucilia cæsar* sent to the service, indicate that it differs markedly from the botulinus isolated in the United States, and possibly is more nearly related to the European type described by von Ermengem in 1912, though it differs from this in important respects. Tests on laboratory animals by inoculation and by feeding caused death in from 5 to 71 hours. The most striking pathological result was, as in botulism, the congestion of the blood vessels of the brain and meninges. Efforts are being made to produce an antitoxin. The suggestion that the organism of the disease causes limberneck in chickens has not yet been demonstrated.

Now I see the secret of the making of the best persons. It is to grow in the open air.—Walt Whitman.

Treatment of Carbon Monoxide Poisoning.

Carbon monoxide poisoning is one of the most widely distributed and most frequent of industrial accidents, says the United States Public Health Service. The gas is without color, odor or taste. It is an ever-present danger about blast and coke furnaces and foundries. It may be found in a building having a leaky furnace or chimney or a gas stove without flue connection, such as a tenement, tailor shop or boarding house. The exhaust gases of gasoline automobiles contain from 4 to 12 per cent of carbon monoxide, and in closed garages men are not infrequently found dead beside a running motor. A similar danger may arise from gasoline engines in launches. The gas is formed also in stoke rooms, in gun turrets on battleships, in petroleum refineries, and in the Leblanc soda process in cement and brick plants. In underground work it may appear as the result of shot firing, mine explosions, or mine fires, or in tunnels from automobile exhausts or from coal or oil burning locomotives.

Carbon monoxide exerts its extremely dangerous action on the body by displacing oxygen from its combination with hemoglobin, the coloring matter of the blood, which normally absorbs oxygen from the air in the lungs and delivers it to the different tissues of the body.

Oxygen will replace carbon monoxide in combination with hemoglobin whenever the proportion of oxygen in the lungs is overwhelmingly greater. Therefore:

1. Administer oxygen as quickly as possible, and in as pure form as is obtainable, preferably from a cylinder of oxygen through an inhaler mask.
2. Remove patient from atmosphere containing carbon monoxide.
3. If breathing is feeble, at once start artificial respiration by the prone posture method.
4. Keep the victim flat, quiet and warm.
5. Afterwards give plenty of rest.

The Inestimable Value of Education.

Arthur Brisbane says, in commenting upon a recent Rockefeller grant of two million dollars for educational purposes: "That is what counts. Those dollars will be working here long after they are spent and we are all dead. Ideas and truth are born of education and never die." Effective public health education today will save countless numbers of lives long after existing generations have gone.

The sires of future generations must make themselves the bondsmen of rules which curb their desires and curtail their personal liberties.—Wright.

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

MORBIDITY.

Influenza.

Influenza dropped to 3289 reported cases last week. There were 5249 cases reported during the preceding week. It is believed that the outbreak will be practically over by the end of March.

Smallpox.

Fifty-seven cases of smallpox were reported last week. Of these 25 were in San Jose, Santa Clara and Santa Clara County. There were six cases each in Kern County and in San Francisco. Fresno County and Alameda County each reported four cases. Three cases were reported in Colton, San Bernardino County. The remaining cases were well scattered throughout the state.

Typhus Fever.

One case of typhus fever in a young adult employed by a railroad company was reported in Los Angeles. Investigations for the purpose of determining source of infection and other information are now under way.

Epidemic Encephalitis.

Three cases of epidemic encephalitis were reported in Los Angeles last week. No other cases of this disease were reported in the state.

Typhoid.

There were but six cases of typhoid in California last week. San Francisco and Los Angeles each reported two cases and Sacramento and Lassen County each reported one case.

Cerebrospinal Meningitis.

San Bernardino and San Jose each reported one case of this disease.

Poliomyelitis.

Not a single case of poliomyelitis was reported in California last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Mar. 18 received by Mar. 21	Week ending			Reports for week ending Mar. 19 received by Mar. 23
	Feb. 25	Mar. 4	Mar. 11		Feb. 26	Mar. 5	Mar. 12	
Anthrax	0	0	1	0	0	0	0	0
Cerebrospinal meningitis	3	2	1	2	1	4	2	0
Chickenpox	171	176	182	174	305	252	265	208
Diphtheria	160	139	160	174	139	102	136	132
Dysentery (bacillary)	0	0	0	1	1	2	1	0
Epidemic encephalitis	2	1	2	3	3	3	2	4
Gonorrhoea	60	118	97	49	61	109	78	73
Influenza	13,195	12,197	5,841	3,289	232	195	187	151
Leprosy	0	0	0	0	1	1	2	1
Malaria	2	0	1	2	3	3	1	3
Measles	24	23	23	15	1,031	813	880	550
Mumps	106	109	93	98	370	335	279	238
Pneumonia	232	300	310	206	115	101	100	82
Poliomyelitis	2	1	2	0	0	1	0	2
Scarlet fever	156	132	105	109	144	140	112	119
Smallpox	81	54	58	57	235	215	169	124
Syphilis	87	135	77	92	60	111	77	53
Tuberculosis	186	159	160	198	156	206	156	205
Typhus Fever	0	0	0	1	0	0	0	1
Typhoid fever	8	14	13	6	4	11	9	12
Whooping cough	41	56	57	36	56	54	35	66

16990 3-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD P. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 7 APRIL 1, 1922 GUY P. JONES EDITOR

San Francisco Water Supply.

The waterfalls shown in this illustration constitute a part of the supply from which San Francisco hopes eventually to draw its municipal water supply. The supply now in use is of unquestioned

Hetch Hetchy Falls.

purity, but it is doubtful if a sufficient quantity can be developed from near-by sources to provide a sufficient supply for the increase in San Francisco's population during the coming years. It may be some time before the melted snows of the Sierras are used for domestic purposes in San Francisco, but work toward that end is progressing steadily.

February Mortality High.

February, the shortest month, always brings a large number of cases and deaths from respiratory infections. The undue prevalence of influenza and pneumonia during February of this year caused about twice as many deaths from these diseases as occurred during the same month last year. The numbers of cases and deaths from influenza and pneumonia in February, 1922, are as follows:

	Cases.	*Deaths.*
Influenza	19,565	324
Pneumonia	764	626
Totals	20,329	950

Nurses Register for Institute.

The Public Health Nursing Institute to be given by the State Board of Health and the summer session of the University of California, July 24 to August 5, 1922, promises to be a distinct success. Fifty public health nurses, to which number the institute is limited, have already registered for enrollment. The names of these fifty nurses will be published in the next issue of this publication, together with a list of alternates, from which names will be selected, in rotation, of those nurses who may attend in case any of the original fifty are unable to be present.

Common Colds Dangerous.

Dr. George Joyce Hall, health officer of Sacramento, has suggested that if careless persons suffering from cold in the head or sore throat could be labeled 'Dangerous," the extent of epidemics of respiratory infections might be limited. While this suggested procedure seems

Digitized by Google

drastic and impossible of enforcement at the present time, it is not at all improbable that public opinion in the future will demand action of this sort as a matter of protection to the general populace. Dr. Hall writes in the February bulletin of the Sacramento Health Department:

"One of the most distressing feelings experienced by parents is the worry and strain of having a child dangerously sick. Actions at such a time include watchful attention on the part of the parents, careful nursing, and probably the most skillful medical man they know to supervise the case. And still there are times when human help seems of no avail and a life is lost. If this death is caused by one of the so-called communicable diseases, then there is blame to be attached somewhere. Whether it be due to the carelessness of others or to the lack of thorough realization by the parents of the beginning signs of the disease, at least it is proper that an effort be made constantly to educate every one to the danger of apparently simple little things like sore throats, 'running noses' and slight coughs.

If it were possible to control the early conditions called colds, then the terrifying strain of a dangerously sick child suffering from pneumonia, diphtheria, scarlet fever, measles, influenza or other such conditions, would not be experienced very frequently. Such serious diseases as those mentioned above begin as infections of the respiratory tract, and the person who has been suffering from merly a 'cold' is within a few days found to be really sick with something else.

It is probably because the greater number of ordinary colds clear up in a very short time that the general public can not apparently be impressed with the possible dangers involved. It is not at all infrequent for an individual to contract a cold and have it develop into pneumonia, from another person who does not become seriously sick at all.

In my opinion, the two most important necessities in controlling communicable diseases are:

1. Isolation of the sick patient until no longer contagious.

2. Isolation of the contact until proven is not a carrier.

The first is accomplished by law in what are known as the quarantinable diseases, by placing the sick person in absolute quarantine, and the second is also carefully checked up in such types of disease. The term 'diphtheria carrier' has become well known, as has also that of 'typhoid carrier.' And it is in he hope of impressing a few people hat those with colds are also 'carriers' of disease that this article is written.

When physicians and others realize hat sore throats and colds in the head are a real danger to the general population, then they will take such steps as will prevent, to a great extent, the high death rate of communicable respiratory nfections; and until such time as the person who is seen to have a cold is reated as a dangerous individual the tatistics on cases and deaths from contagious diseases will still show a similar percentage of the whole as appears at this time. And this percentage is much too large.

An epidemic of colds, grippe or influenza would not assume the proportions that constantly occur if the careless person who has a cold in the head, coryza (or 'running nose') or a sore throat could be labeled 'DANGEROUS' and kept away from other people. Such a person should be 'bawled out' in public whenever seen with these symptoms."

Tuberculosis and the Child.

In the statement of Professor Behring, that consumption is the last verse of a song, the first stanza of which was sung to the child in the cradle, the key-note of the proper method of procedure in the prevention of tuberculosis in the individual, the family, the village, or the world, was struck. We know now that he was right although it took a decade of observation and experiment to establish his dictum firmly. Those interested have gradually grasped its entire significance and now in the fight against tuberculosis and consumption, the child who has been infected in the cradle receives special attention.

The medical examinations made for the draft disclosed a very high percentage of defectives among the youth of this country, and the United States census tells us that there are 15,000,000 defective children in the United States. This ten per cent of the population are the ones from whom the consumptive population of the next generation will be mobilized. The latent and inactive tuberculosis of childhood, as it gradually changes into the active or chronic tuberculosis of adolescence is ultimately responsible for a large majority of these adult physical wrecks. H. LONGSTREET TAYLOR, M.D.

If you want to be miserable, think about yourself, about what you want, what you like, what respect people ought to pay you, and what people think of you.—Charles Kingsley.

Digitized by Google

Palo Alto Buys Its Good Health.

Palo Alto spent less than $1 per capita for the maintenance of its public health department in 1921. The estimated population of the city is 6500, and its annual appropriation is $6375. This provides a full-time health officer, a full-time nurse, sanitary inspector, and part-time bacteriologist and stenographer. Some of the results achieved by this organization are shown in a comparison of the Palo Alto death rates with similar rates for the state:

Palo Alto general death rate	8.9
State death rate	13.5
Palo Alto infant mortality rate	25.6
State infant mortality rate	66.7

The general death and infant mortality rates for the average small city of California are higher than those rates for the whole state. The work accomplished in Palo Alto through the maintenance of this full-time health department, at relatively small expense, means the annual saving of a number of lives and the maintenance of a clean city where conditions cater to the provision of a sanitary environment.

During 1921 there were nearly 6000 cases of smallpox in California. There was but one case in an unvaccinated adult in Palo Alto during the year. Palo Alto public schools kept open during the entire year, although schools in districts bordering Palo Alto were closed at times because of the presence of diphtheria and scarlet fever. This unwise procedure was not resorted to by Palo Alto. Instead, the children in the public schools were kept under the supervision of the nurse, those showing any signs of illness being excluded from attendance.

There were 302 cases of communicable diseases reported in the city during the year. One hundred twenty of these were chickenpox, 76 mumps, 41 whooping cough, 17 scarlet fever, and 12 diphtheria. Two cases of typhoid fever were reported during the year, both of which cases were contracted outside of the city.

There were but three deaths of children under one year of age, which with 117 births gives an infant mortality of 25.6 per thousand births. For the past ten years the city's infant mortality rate has been low. There is no better index to the health of any community than its infant mortality rate.

Palo Alto is fortunate in having an efficient health officer in Louis Olsen. It is also fortunate in having men like Professor J. C. L. Fish, D. M. Folsom, and J. E. Sloan on its Board of Public Safety. Palo Alto is also fortunate in having public-spirited citizens who are willing to appropriate special funds for the maintenance of an active public health department. If all small health departments were accorded the same kind of support, the death rate for the average small California city would soon be less than that for the state as a whole. The opportunity that Palo Alto has taken advantage of is open to every other community in the state. It requires only the vision and the necessary spirit to achieve this desirable result.

Laboratory Workers Contract Tularaemia.

All six of the laboratory workers of the United States Public Health Service who have been studying tularaemia, a disabling sickness of man which has been known, particularly in Utah, for the last five years, have contracted the disease, two of them being infected in the laboratory in Utah and the other four in the Hygienic Laboratory in Washington. Such a record of morbidity among investigators of a disease is probably unique in the history of experimental medicine.

Two of these workers are physicians; one is a highly-trained scientist; and the others are experienced laboratory assistants. One of them contracted the disease twice, once in the laboratory in Utah, and again two years and five months later, in the laboratory in Washington.

In these workers the disease began with a high fever, lasting about three weeks, and was followed by two months of convalescence. The disease has few fatalities, its chief interest arising from the long period of illness which it causes in midsummer, when the farmers of Utah are busily engaged in cuting alfalfa and plowing sugar beets.

The studies into the cause and transmission of the disease show it to be due to a germ, *Bacterium tularense*, which is conveyed by six different insects: the blood-sucking fly, *Chrysops distalis*; the table fly, *Stomyox calcitrans*; the bedbug, *Cimex lectularius*; the squirrel flea, *Ceratophyllus acutus*; the rabbit louse, *Haemodipsus ventricosus*; and the mouse louse, *Polyplax serratus*. Only the first four of these are known to bite man. It appears possible that the germ may also enter through unbroken skin; for instance, that of the hands.

The three W's is my maxim: plenty of work, plenty of wittles, and plenty of wages.—Thackeray.

Digitized by Google

MORBIDITY.

Influenza.

The influenza outbreak is practically ended. There were 1169 cases reported last week and during the preceding week there were 3911 cases reported. It is believed that the outbreak will completely disappear within the next two weeks.

Smallpox.

Smallpox reports dwindled to 36 cases last week. Of these 16 were in San Jose and Santa Clara County and eight cases were in Bakersfield and Kern County. The disease has persisted in Kern and Santa Clara counties for several weeks. Alameda, San Francisco and Stanislaus counties each reported two cases last week. The remaining cases were in Los Angeles, Pacific Grove and in Amador, Tulare and San Luis Obispo counties.

Leprosy.

Los Angeles and Orange County each reported one case of leprosy last week.

Cerebrospinal Meningitis.

One case was reported in Orange County last week.

Epidemic Encephalitis.

One case was reported in Sacramento last week.

Typhoid.

Of the eight cases reported in California last week four are in Los Angeles, two in San Francisco, one in Oakland and 1 in Ontario.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Mar. 25 received by Mar. 28	Week ending			Reports for week ending Mar. 26 received by Mar. 30
	Mar. 4	Mar. 11	Mar. 18		Mar. 5	Mar. 12	Mar. 19	
Anthrax	0	1	0	0	0	0	0	0
Cerebrospinal meningitis	2	1	3	1	4	2	4	4
Chickenpox	176	182	195	132	252	265	214	193
Diphtheria	139	160	183	143	102	136	141	127
Dysentery (bacillary)	0	0	2	0	2	1	0	4
Epidemic encephalitis	1	2	5	1	3	2	5	4
Gonorrhoea	118	97	52	60	109	78	79	54
Hookworm	0	0	0	2	0	0	0	0
Influenza	12,197	5,841	3,911	1,169	195	187	163	167
Leprosy	0	0	0	2	1	2	1	0
Malaria	0	1	2	3	3	1	3	9
Measles	23	23	16	25	813	880	622	643
Mumps	109	93	110	66	335	279	257	294
Pneumonia	300	310	264	183	101	100	86	45
Poliomyelitis	1	2	0	0	1	0	3	0
Scarlet fever	132	105	129	123	140	112	124	107
Smallpox	54	58	59	36	215	169	143	95
Syphilis	135	77	93	93	111	77	55	45
Tuberculosis	159	160	212	193	206	156	183	143
Typhoid fever	14	13	6	8	11	9	12	25
Whooping cough	56	57	41	42	54	35	74	45

16990 3-22 5M

O

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

J 27
.35

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 8 APRIL 8, 1922 GUY P. JONES EDITOR

Rabies Is More Prevalent.

Rabies is prevalent in some of the southern counties of California and scattering cases are found in other parts of the state. The enforcement of local ordinances, which require the licensing of all dogs and the destruction of all such animals not bearing license tags, is probably the best emergency control measure that can be adopted. During 1920 and 1921 Stanislaus, Fresno and San Joaquin counties were menaced by large numbers of rabid animals. The supervisors of these counties and the trustees of incorporated cities within the counties passed uniform ordinances for the control of rabies, which measures were vigorously enforced by health officers, constables and other peace officers. As a result, in Fresno County alone, several thousand stray dogs were discovered and killed. Similar results were obtained in San Joaquin and Stanislaus counties. The disease was brought under control quickly and the menace to the lives of human beings and of live stock was removed. Furthermore, in most places, the revenue derived from the licenses paid for the enforcement of the ordinances and in some places paid a profit, as well.

Nursing Institute Popular.

Although registration for the public health nursing institute, to be held in Berkeley July 24th to August 5th, is complete, applications for enrollment continue to be received. It is impossible to accommodate more than fifty nurses. If more were to be admitted full justice could not be given to field work and demonstrations. The names of the first fifty nurses who filed their applications for enrollment are as follows:

Adams, Anna M., Dinuba. City school and Red Cross nurse.
Apker, Gladys F., Long Beach. Social Welfare League and city nurse.
Baker, Lydia E., Fresno. City school nurse.
Bramhall, Helen H., San Leandro. School and community nurse.
Brown, Adelaide C., Pleasanton. Alameda County Red Cross nurse.
Burton, Alice I., Oakland. Berkeley school and health department nurse.
Bushard, Mary C., San Francisco. City Tuberculosis visiting nurse.
Carlson, Margaret V., Stockton. City clinic and school nurse.
Carr, Viva M., Los Angeles. Industrial nurse, Pacific Electric Railway.
Clute, Cora E., Redwood City. Red Cross school nurse.
Curtis, Frances E., Mountain View. City school nurse.
Devereaux, Maud M., Kingsburg. City school nurse.
Erna, Florence, Martinez. School and Red Cross nurse.
Farnsworth, Elizabeth M., Madera. County school nurse.
Flegal, Florence R., Paso Robles. School and community nurse.
Freeman, Mary P., Oakland. City school nurse.
Grace, Frances P., San Francisco. City department of health nurse.
Gray, Marion H., Vallejo. City school nurse.
Jacobson, Marie A., San Luis Obispo. City school nurse.
Jesson, Ada M., Niles. County school nurse.
Keith, Madeline F., Los Gatos. Good Cheer Club community nurse.
Koch, Henrietta, Woodland. County school nurse.
Kuehl, Margaret, Anaheim. Community and school nurse.
Kyne, Margaret J., San Francisco. Industrial nurse, Market Street Railway.
Lyons, Jane, Oakland. City school nurse.
MacDonald, Jeanette W., San Rafael. Marin County tuberculosis nurse.
MacKay, Hester K., Berkeley. City health department and school nurse.
Manning, Rozzie, Petaluma. Red Cross nurse.
Martin, Katherine H., Bakersfield. Kern County nurse.
McEnany, Lily M., Oxnard. City school nurse.
McGarvey, Cora M., San Francisco. Metropolitan Life Insurance Company nurse.

Digitized by Google

Meyer, Margaret R., Oakland. City school nurse.
Michels, Beulah E., San Francisco. School and city health department nurse, South San Francisco.
Miller, Rachael K., Martinez. County school nurse.
Miller, Rachael M., Palo Alto. City health department and school nurse.
Morken, Jean M., Oakland. School nurse.
Ogden, Mary B., San Francisco. State Board of Charities and Corrections.
O'Reilly, Juanita M., Los Angeles. County school nurse.
Pittroff, Bessie M., Santa Cruz. Red Cross School nurse.
Porter, Edna D.. Berkeley. City school and health department nurse.
Rogers, Irene K.. Sacramento. Red Cross infant welfare nurse.
Rousch, Jenet M., Stockton. City school nurse.
Rowe, Mrs. E. S., Santa Barbara.
Schneider, Hilda M., Stockton. School nurse.
Swift, Lilla V., Los Angeles. Children's Hospital Society.
Valens, Anna E., Los Angeles. Children's Hospital Society.
Wadland, E. Gertrude, Monterey. County school and community nurse.
Wallace, Catherine, Pittsburg. School nurse.
Weir, Anne M., Santa Barbara. Visiting community nurse.
Williams, Mary B., Bakersfield. County visiting nurse.

If any of the above named nurses are unable to attend the institute, those whose names appear in the following list may take the places of nurses who are unable to attend. The following list is compiled according to the dates that applications were mailed.

Schmits, Louise, Oakland. City health department.
Williams, Ruth P., Bakersfield. School nurse.
Berling, Margaret W., Crockett. County school nurse.
Fitzhugh, Sarah P., Porterville. City school and Red Cross nurse.
Foster, Georgia P., Berkeley. City health and school nurse.

The Child's Mental Health.

Dr. Charles J. Hastings, health officer of Toronto, one of the most highly respected public health authorities on the North American continent, says of mental hygiene in the child: "No student of psychiatry has failed to observe that many abnormal mental conditions of adolescents could have been prevented if observed in early childhood, and much of the cost to the state of crime, dependency, suicide, and even insanity could have been prevented by giving sufficient attention to mental hygiene in childhood. While the school age seems to be the most practicable time in which to begin any organized work in mental hygiene yet it must be apparent that the delay until entering school must result in a tremendous loss in both time and money. Strictly speaking, the efficient solution of this problem, from the preventive standpoint, should have begun with the mating. There is an enormous waste of brain power through lack of early development and attention to mental hygiene."

Insanity Due to Syphilis.

Queries regarding the number of inmates who had become insane by reason of syphilis were recently sent to 159 state hospitals. The superintendents of 115 of these institutions replied, 88 of whom supplied data that could be tabulated. From these data it appears that 15.5 per cent of admissions and 6.2 per cent of the inmates among the men were directly due to the disease. Among the women 6.1 per cent of the admissions and 2.2 per cent of the inmates were due to syphilis. Definite statistics upon syphilis as a cause of insanity are meager. These data, however, probably constitute a satisfactory index as to how great a factor syphilis is in the cause of insanity in the United States.

Help for the Handicapped.

Harvard University announces, in the Graduate School of Education, a course in the rehabilitation and re-education of handicapped persons during the summer session of the University, July 10th to August 19th, 1922. The course is offered as a broad basis for those who are working with or who intend to work with the handicapped. Among those who should find it profitable are occupational aides in hospitals, teachers of the handicapped, "after-care" nurses, workers in employment bureaus for the handicapped, agents of state rehabilitation services and of the Veterans' Bureau and others interested in rehabilitation as a part of a constructive social program. W. I. Hamilton, industrial research secretary of the National Tuberculosis Association, will direct the course. He will be assisted by representatives from the National Tuberculosis Association, American Occupational Therapy Association, Industrial Rehabilitation Division, Federal Board for Vocational Education and the National Committee for Mental Hygiene.

By favorable soil for the growth of the bacilli must be understood any condition in which the body is temporarily or permanently enfeebled. Such a condition may be inherited from parents, or acquired through alcoholism or drunkenness or other intemperate habits, or through privation or disease.—Knopf.

Digitized by Google

For Mothers and Children.

The California State Board of Health has been requested by Governor Stephens to prepare a comprehensive program for the expenditure of funds to be received by the State from the federal government under the Sheppard-Towner Act. The Board will give its most careful consideration to the preparation of this program, planning to make it effective in the reduction of the infant mortality rate and also in the conservation of the health of mother and child. Under the Act, the State of California will receive $12,731.12 from the federal government during the present fiscal year, and will probably receive an amount equal to $28,000.00 during the next fiscal year beginning July 1, 1922.

The Board's first aim will be to cooperate and assist local agencies which are now devoting their energies to this work, and as far as possible stimulate the organization of additional infant and maternity welfare centers, and also increase and improve maternity hospital facilities. All women's organizations throughout the State are vitally interested in this subject. They have already established many infant welfare centers, particularly in the larger cities. It is hoped that all of these organizations will give their closest cooperation and assistance in this important work.

Hayward on Health Map.

Hayward has determined to have a full time public health organization. Inspired by the remarkable accomplishments in public health achieved by Palo Alto, the Hayward Chamber of Commerce, together with Dr. F. W. Browning, health officer, have started an intensive campaign for securing a full-time public health personnel in Hayward and Eden Township. The organization is planning to include, besides the health officer, a full-time trained assistant and a public health nurse. An efficient health center is already operating in Hayward, and it is believed that through the extension of the service given by the health center to the rural districts much can be accomplished in the promotion of community health. An ordinance appropriating Hayward's share of the six thousand dollars necessary to establish the township health department is now before the town trustees. Health officers throughout the State will watch with interest the organization of the full-time health department in Hayward.

A state can not effectually insure itself against physical disease unless it begins with its children.—Sir George Newman.

The Surgeon General Speaks.

Surgeon General Hugh S. Cummings speaking retrospectively on public health accomplishments during the past year says:

"If we review the public health work of the country during the past year, the prospects of the new year should encourage all of us who work in the field of preventive medicine and public health. Marked as the year was by a period of profound economic depression, social unrest and financial stringency, I think one thing upon which the public health workers are to be congratulated is that in the face of drastic retrenchment in all other respects, public health funds have suffered the least of all appropriations and outlays.

"This can mean but one thing—the dependence of national prosperity upon national health has ceased to be submerged in the public consciousness, and the necessity for adequate health protection is now a generally accepted fact—a fact backed by public opinion and which taxpayers are willing to finance."

With Health everything is a source of pleasure; without it, nothing else, whatever it may be, is enjoyable; even the other personal blessings—a great mind, a happy temperament—are degraded and dwarfed for want of it. It follows from all this that the greatest of follies is to sacrifice health for any other kind of happiness, whatever it may be: for gain, advancement, learning or fame. Everything else should rather be subordinated to it.—Schopenhauer.

A Rat for Everybody.

How do you like to give up one-half of one cent every day for the support and sustenance of a brown rat?

In substance this is exactly what you are doing.

There is one rat, at least, for every person in the United States. This estimate is considered conservative, but coincides with that for Great Britain and Ireland and also with authoritative figures for Denmark, France and Germany. The annual upkeep per rodent was computed by the same authorities as $1.80 in Great Britian, $1.20 in Denmark and $1.00 in France. The depredations in this country will very probably exceed the estimate for Great Britain. One-half a cent a day is considered conservative, but even on this computation it costs the United States $180,000,000 a year to support its rat population.

Give me intelligent motherhood and good prenatal conditions and I have no doubt of the future of this or any other nation.—Rt. Hon. John Burns.

Digitized by Google

MORBIDITY.

Smallpox.

Smallpox is still present in Kern and Santa Clara counties, but the outbreaks in these two places shows signs of abating. There were 15 cases last week in San Jose and Santa Clara County and there were 8 cases in Bakersfield and Kern County. Four cases were reported in Berkeley. The total number of cases of smallpox reported in California last week was 40.

Typhoid.

There were but 5 cases of typhoid reported last week, one case each in Plumas County, Colusa County, Santa Clara County, San Francisco and Los Angeles.

Epidemic Encephalitis.

Four cases of epidemic encephalitis were reported last week. They were distributed as follows: San Francisco 1, San Diego 1, Ontario 1, Eagle Rock 1.

Leprosy.

One case of leprosy was reported in Los Angeles.

Epidemic Meningitis.

Stanislaus County reported one case of epidemic cerebrospinal meningitis last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending April 1 received by April 4	Week ending			Reports for week ending April 2 received by April 6
	Mar. 11	Mar. 18	Mar. 25		Mar. 12	Mar. 19	Mar. 26	
Anthrax	1	0	0	0	0	0	0	0
Cerebrospinal meningitis	1	3	1	1	2	4	4	5
Chickenpox	182	195	153	148	265	214	204	213
Diphtheria	160	183	163	151	136	141	130	152
Dysentery (bacillary)	0	2	0	0	1	0	4	2
Epidemic encephalitis	2	5	1	4	2	5	5	4
Gonorrhoea	97	52	70	58	78	79	57	116
Hookworm	0	0	2	0	0	0	0	0
Influenza	5,841	3,911	1,529	717	187	163	168	125
Leprosy	0	0	2	1	2	1	0	0
Malaria	1	2	3	1	1	3	9	3
Measles	23	15	22	22	880	622	707	487
Mumps	93	110	71	43	279	257	312	185
Pneumonia	310	264	188	126	100	86	82	64
Poliomyelitis	2	0	1	0	0	3	0	1
Scarlet fever	105	129	142	92	112	124	115	99
Smallpox	58	59	38	40	169	143	101	104
Syphilis	77	93	102	100	77	55	46	100
Tuberculosis	160	212	206	100	156	183	156	176
Typhoid fever	13	6	8	5	9	12	28	19
Whooping cough	57	41	44	55	35	74	48	62

16990 3-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 9 APRIL 15, 1922 GUY P. JONES EDITOR

Cleaning Up Japanese Farms.

The Japanese are particularly susceptible to typhoid fever. The case rates and the death rates for this disease are higher for the Japanese than for any other foreign-born residents of California. For these reasons the State Board of Health has started an active and intensive campaign for the improvement of sanitary conditions of Japanese vegetable, berry and fruit farms. During March more than 130 of such places were inspected. Insanitary conditions were found on practically every ranch visited. These bad conditions are due to dilapidated vault toilets, open cesspools, lack of plumbing facilities and general uncleanliness. The improvement of such conditions was taken up with the owners of the land, the Japanese tenants and the secretaries of the Japanese associations. The State Board of Health inspectors met with a ready response to their requests that new equipment be installed. The Japanese associations and the tenants of the farms involved showed a marked willingness to cooperate with the State Board of Health in this work.

In most instances the landowners are supplying the material and the Japanese tenants are performing the necessary labor in the installation of new sanitary equipment. To date, more than 100 old cesspools have been filled in and 80 new cesspools have been provided. More than 3000 feet of drainage pipe has been laid and more than 16 sinks have been connected with cesspools. More than 70 toilets have been made fly-tight, 16 old toilets have been demolished and more than 20 new toilets have been constructed.

The Japanese associations have given this matter considerable publicity in the local Japanese newspapers. A published appeal to Japanese farmers urging them to make the sanitary improvements recommended by the State Board of Health has been effective in arousing a splendid spirit of cooperation.

Course For Nursing Instructors.

A special five weeks' course for instructors of nursing will be given at Stanford University June 20th to July 26th. While the course is arranged, primarily, for those interested in the teaching of nursing subjects it is open to all graduates of accredited schools of nursing. Courses in general psychology, training school administration and teaching of nursing principles and methods are required. Four or more hours of elected subjects, in addition, may be chosen from courses offered by the various departments of the university. Demonstrations will be given in the Palo Alto hospital and trips of inspection will be made to hospitals of San Francisco and other cities of the bay region. Tuition, incidental fees for the five weeks should amount to about sixty dollars. Board and room in the women's dormitory for the five weeks may be obtained for sixty dollars.

The nursing faculty will consist of Helen Wood, R.N., Director of Washington University School of Nursing, St. Louis; Anna C. Jamme, R.N., Director of California Bureau of Registration of Nurses; Maude Landis, R.N., Professor of Nursing, Stanford University and Superintendent of Stanford University Hospital, and Mary Walsh, R.N., Instructor in Practice of Nursing, Stanford University. Applications for enrollment and requests for further information should be addressed to Prof. C. S. Stoltenberg, Stanford University, California.

Digitized by Google

Teachers Can Help.

Measles is as highly communicable as influenza and is equally difficult to control. Very few cases have been reported in California recently. A glance at the communicable disease report on the last page of this issue will show that there have been but 75 cases of measles reported during the past four weeks while during the corresponding four weeks of last year more than 2300 cases were reported. The disease moves in huge waves, generally becoming exceedingly prevalent about every third year.

If all teachers were immediately to call the attention of school medical inspectors or nurses to the presence of children with red running eyes and nose, cough and fever, much could be accomplished in reducing the spread of the disease. An observing teacher who takes such action may be an important factor in preventing the occurrence of cases of the disease in her classroom. If every teacher in the state were to follow this procedure the result would be extremely effective in the control of measles. The school nurse can not always be present when these common symptoms of measles first appear and it is to the teacher that we must look for prompt recognition of the presence of the disease and for prompt action in calling attention to the fact.

Common Towels Prohibited.

A number of roller towel devices have recently appeared in public places, some of which, it would seem, are in violation of the law in that through some fault in the mechanical operation they often fail to deliver a clean towel. These devices consist of cabinets containing bolts of crash toweling which are supposed to unwind, either by means of mechanical release or by means of pulling the toweling. When these contrivances work there can be no possible objection to them, but experience has shown that they fail to operate a large part of the time. When a clean towel is not delivered the law is violated. Inspectors of the State Board of Health recently found four of these devices in a large industrial plant, three of which were not in working order. The exposed toweling in these three cabinets had apparently been in common usage for many hours, constituting a direct violation of chapter 744, acts of 1917.

Health is not the property of the individual who enjoys it, but of the community; disease menaces not only the sufferer, but all with whom he may come in contact.—Bertha Ott.

New Diphtheria Immunity Test.

Dr. W. H. Kellogg, Director of the Hygienic Laboratory of the California State Board of Health, has devised a new diphtheria immunity test which possesses many distinct advantages over the Schick test, now used so extensively throughout the country. The latter test is advantageous when employed upon large groups of individuals. It is not practicable however for use upon individuals or small groups.

Under the new test devised by Dr. Kellogg it is necessary to send only a few drops of blood, folded in a sheet of tinfoil, just as specimens are submitted to the laboratory for the Widal test in cases of suspected typhoid fever. Physicians who desire to have this test made in cases of suspected diphtheria may use the Widal containers, until the new diphtheria containers are ready for distribution. The Hygienic Laboratory is now equipped for this work and specimens may be forwarded at any time.

The technique of the new test is too complicated for description in these columns. Dr. Kellogg has prepared an article covering this work, however, which will be published within a short time.

Care of the Teeth.

A new publication entitled "The Care of the Teeth" has been prepared by the Division of Dental Hygiene of the California State Board of Health and is now ready for distribution. This publication, in simple language, and by means of clear illustrations, shows how to brush the teeth and how to care properly for them. It may be found useful for both children and adults. Requests for copies of this publication should be addressed to Division of Dental Hygiene, 725 Wells Fargo Building, San Francisco, Cal.

Do You Want Vaccination Film?

A motion picture film on smallpox and vaccination has been loaned to the California State Board of Health. The Board is prepared to lend this film to health officers who may desire to have it shown. This film consists of but one reel which takes about twenty minutes to run. The subject is well worked out and it is a distinct contribution to educational work in the prevention of smallpox through vaccination.

It doesn't take a very clever person to fool a bright health officer—but it takes an artist to fool nature or deceive a Klebs-Loeffler bacillus.—Illinois Health News.

Digitized by Google

Reducing Industrial Mortality.

During the ten years since September 1, 1911, approximately 6000 workers have been killed in California. The Industrial Accident Commission reports that the average age of these workers was 37.8 years. The dependents of these industrially killed numbered 7696 as a result of 3555 deaths. The total dependents were 2502 widows, 3665 children and 374 under the heading of "all others." The number of partial dependents was 1155. The number killed leaving no or unknown dependents was 2445. The average age of the widows was 38.2 years and the average age of the children 8.6 years. The Commission states: "The death of 6000 workers in a decade is an indictment against a common citizenship." The number of industrial deaths in California, however, show a reduction of almost one-third for the seven year period from 1914 to 1920 inclusive. In 1914 there were 25.1 fatal industrial accidents per 100,000 population, while in 1920 this was reduced to 17.3 accidents per 100,000 population. The protection of the public health and the prevention of disease have many points in common with the prevention of industrial accidents. While every safeguard must be provided for the protection of the public against industrial accidents and against communicable disease, still the greatest single factor in both lines of endeavor lies in education.

Mayor Urges Vaccination.

Mayor Berkeley of Santa Monica, although smallpox is not present in his city, is urging the people of Santa Monica to pay closer attention to vaccination against smallpox. Mayor Berkeley places strong emphasis upon the need for the prevention of the disease and urges the people of his city to heed the recent increase in the number of cases throughout the state and to act now in prevention of the appearance of smallpox in Santa Monica.

Why Use the "R. N."?

Nurses have fought and bled for their "R. N." on many a legislative battlefield. It has come to be the symbol of a profession, the magic letters that open the door and lead further on, that place the seal of qualification and proclaim the holder as one who has met certain requirements. It is not easily won; it has cost three years of stiff training, a state examination, sometimes two and three examinations. It is a precious possession, something to be cherished and protected, not lost. Many things depend upon it—professional standing, membership in organizations, positions. Without it the doors are closed.

The R. N. is for the nurse what the M. D. is for the doctor, the D. D. S. for the dentist, the D. V. S. for the veterinarian. Why not use it? Why do we find it absent so often when officially it belongs at the end of a name? Mary Smith is just Mary Smith a woman, Mary Smith, R. N., is a registered nurse, a graduate of an accredited school of nursing who has qualified by state examination, who knows or should know her business as a nurse; she has standing and a definite status.

In a certain set of files in the Bureau of Registration of Nurses there are five thousand and seven (5,007) registered nurses alive and functioning as such. There are in another set of files four thousand six hundred and twenty-eight (4,628) expired. Some of these are, no doubt, not of this world, some have left the state, some have abandoned their profession; this is what remains after the renewal of 1922. Undoubtedly some of the expired may later wish to be revived, but as they are now in the files their certificate is dead. This list will soon be ready for the secretaries of the associations to check up on their membership. It is an interesting list because it is alive and worth the work entailed to get it.

Are you using your R. N.?

The canker of disease gnaws at the very root of our national strength. The sufferers are not few or insignificant. They are the bread winners for at least a third part of our population. That they have causes of disease indolently left to blight them amid their toil is surely an intolerable wrong. And to be able to redress that wrong is perhaps among the greatest opportunities for good which human institutions can afford.—Sir John Simon.

It has been said that the most remarkable discovery of the present age, more remarkable than the telephone, automobile or aerial navigation is the discovery of a social conscience. Perhaps it is this social conscience which has led us to appreciate that the test of our civilization lies in our attitude toward our children. As Secretary Hoover has so vividly put it. "Our responsibility for children is based not alone in human aspirations, but it is also based upon the necessity to secure physical mental and moral health and the economic and social progress of a nation.

Any child that is delinquent in body education or character is a charge upon the whole community as a whole and a menace to the community itself. The children are the army with which we must march to progress."

What is required next is popular education—education not in disease but in health.—Sir William Osler.

Digitized by Google

MORBIDITY.

Influenza.

Influenza has almost reached the vanishing point. There were but 294 cases reported last week. This is a sharp decrease as there were nearly 4000 cases reported during the week ending March 18th.

Smallpox.

Smallpox remains about stationary. The disease is still more prevalent in Santa Clara County and Kern County than other sections of the state. In San Jose and in the rural districts of Santa Clara County 11 cases were reported last week. Kern County and Bakersfield reported 10 cases; 4 cases were in Los Angeles and 2 in Long Beach.

Typhoid Fever.

Typhoid fever doubled in prevalence last week. There were 16 cases reported, 4 of which are in Stockton, 3 in Orange County, 2 in Kern County and 2 in San Francisco. Plumas County, Monterey County, Tulare County, Los Angeles and Sacramento each reported 1 case.

Cerebrospinal Meningitis.

San Francisco and Los Angeles each reported a case of this disease last week.

Epidemic Encephalitis.

Not a single case of this disease was reported last week.

Poliomyelitis.

No cases of poliomyelitis were reported last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending April 8 received by April 11	Week ending			Reports for week ending April 9 received by April 13
	Mar. 18	Mar. 25	Apr. 1		Mar. 19	Mar. 26	Apr 2	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	3	1	2	2	4	4	5	3
Chickenpox	195	153	151	163	214	204	242	145
Diphtheria	183	163	161	117	141	130	166	124
Dysentery (bacillary)	2	0	1	0	0	4	2	4
Epidemic encephalitis	5	1	4	0	5	5	5	2
Gonorrhoea	52	70	68	90	79	57	124	100
Hookworm	0	2	0	0	0	0	0	0
Influenza	3,911	1,529	854	294	163	168	134	89
Leprosy	0	2	1	0	1	0	0	0
Malaria	2	3	3	1	3	9	3	3
Measles	15	22	22	16	622	707	538	484
Mumps	110	71	56	54	257	312	202	201
Pneumonia	264	188	211	101	86	82	64	80
Poliomyelitis	0	1	2	0	3	0	1	2
Scarlet fever	129	142	101	109	124	115	107	108
Smallpox	59	38	44	41	143	101	118	114
Syphilis	93	102	113	100	55	46	105	119
Tuberculosis	212	206	288	86	183	156	182	192
Typhoid fever	6	8	7	16	12	28	20	11
Whooping cough	41	44	67	66	74	48	64	52

16990 4-22 5M

O

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 10 APRIL 22, 1922 GUY P. JONES EDITOR

Keep Your Cold at Home.

The Philadelphia Forum, an organization working along the same lines as the San Francisco Commonwealth Club and the Los Angeles City Club, requests its members not to attend club meetings when they are suffering from colds, fever or sore throat. This request is printed on the reverse side of admission cards, together with an appeal to concede to the rights of others by observing this precaution against the spread of disease. It is said that complete observance has been secured with satisfactory results and that the measure meets with the approval of the members.

San Joaquin Falls in Line.

San Joaquin County is forging ahead in the organization of a full-time health department. The county board of supervisors and the officials of the incorporated towns of Lodi, Manteca, Stockton and Tracy are working together on the new plan. There is a strong probability that all of the incorporated and unincorporated territory in the county will be organized into one large health unit. The people of San Joaquin County and the officials who are working toward the establishment of a full-time health department are to be congratulated for taking this progressive stand, which is certain to be productive of better community health.

Rabid Coyotes Cause Damage.

In the House of Representatives recently, Representative Raker of California made the assertion that one coyote afflicted with rabies can destroy, in one day, $10,000 worth of property. In the State of California as many as 40 beef cattle have been bitten in one night, each of which animals is valued at $110. The presence of rabies in any stock-raising district means tremendous losses in live stock. The presence of rabies in any community means that children are likely to be bitten by rabid dogs. A valuation can be placed upon an animal, but who can place a valuation upon the life of a child?

A Few Vital Facts.

47,380 people died in California last year.

72,000 children were born in California during 1921.

There were 46,972 marriages in California during the year 1921.

Of the 47,380 persons who died in California last year, 8,367 died of diseases of the circulatory system.

339 died of influenza.

5,427 died of tuberculosis.

3,216 died of pneumonia.

4,025 died of cancer.

3,602 died of Bright's disease and nephritis.

5,161 died of diseases of the nervous system.

1,003 children under 2 years of age died of diarrhea and enteritis.

323 persons over 2 years of age died of diarrhea and enteritis.

4,808 infants (under 1 year of age) died in 1921.

469 mothers died of puerperal diseases.

982 persons committed suicide.

(From incomplete vital statistics returns for 1921.)

Digitized by Google

DIAGNOSIS AND TREATMENT OF A COMMUNITY.

By Haven Emerson, M.D., New York City.

The health officer is the family physician of the state, the county, the city or the village.

His patient is the entire population.

This super-physician is engaged in an endless campaign of study and action for development of health, the prevention of sickness, and the postponement of death. He must know his population with precision, not only the number of individuals, but their ages, races, and the occupations of all whom he is responsible for. He must know where they live and under what conditions they live. He is interested in their earnings, because when wages are steady and income good most preventable diseases decrease.

Habits of work and play, the customs and religions of his people, are of importance to him. As one person differs from another, villages, towns and cities have their characteristics as definitely marked. All facts that bear upon human life and happiness must be collected and recorded by the health officer by standard methods for each succeeding generation.

Thus is gathered the family history of this community patient.

What does this great family eat and drink? asks the health officer. Is the water safe and good to taste? Are the foods clean, wholesome, nourishing? In particular, is the milk free from pollution and kept cold, and clean, and covered?

So the inquiry of the health officer is similar to the questions the doctor asks when a patient in his office comes complaining of fever, pain or weakness.

Is there always fresh, sweet, clean air for these many noses of the community to breathe? Are houses, schools, shops, theaters, and trains always good places for mankind which requires such generous doses of fresh air, cool air, moving breezy air, to keep in health? Do the people keep their own bodies clean and see that the waste and sewage of houses and factories are disposed of decently and without damage to others? Making his inquiry still more precise, the health officer wants to know at once and at all times all cases of preventable sickness, especially the communicable and occupational diseases, and the infections of mothers and little babies.

Births, deaths and sicknesses are like the temperature, pulse and respiration of a patient and disclose the state of community health. And what is the object of all this information?

In the first place the health officer needs information because he is the health engineer and educator of the people. It is as foolish to advise people against pneumonia in July, or malaria in January, as to tell a patient how to treat himself for rheumatism when he comes complaining of an earache.

Education of the public is the health officer's most important service, education in the laws of health and how to observe them. When he learns that the mothers of his county or city die because they have not known how to live in health while waiting for the baby's arrival, he must spread broadcast the promise of safety which comes from medical care of the expectant mother.

When he learns that many school children have crooked backs, weak eyes, decayed teeth, thin bodies and diseased tonsils, he must become a crusader in the homes of his community where the children are waiting for school age. When he finds from 2 to 5 per cent of working men and women sick all the time because they and their employers have not learned the necessity of cleanliness, good air, safe machinery, avoidance of fatigue in shops, he must carry his message and drive it home with regulations, if necessary.

Health can not be given the community by laws, moving pictures, offering advice, or fining those who fail to report disease. The patient, the community can be as healthy as it chooses, or as sick as it is willing to stand for. Only when the community fully understands the reasons for things will it take an active part in public health work. Public health is purchasable just as private health is, by personal effort, willingness to follow advice and the payment of a very small insurance premium.

It costs less to keep a baby alive than to bury it. It costs less to prevent disease than to care for it. A sick community is a poor community and a bad neighbor.

The health department of any state is the greatest insurance company and the cheapest in existence, but it can not run without payment of premiums and when in addition to money, the patient gives his earnest and intelligent personal cooperation, the deaths

Digitized by Google

and sickness will be reduced a quarter and the investment will be returned a hundred fold in dividends.

Dosing oneself with unknown drugs, with patent medicines, guessing at the cause when the baby has convulsions, are no more sensible than treating a community without making a diagnosis first and learning the true cause and extent of prevailing diseases, most of which are preventable.

Health is wealth; it is purchasable; within natural limitations any community can determine its own death rate.

Health Programs at San Diego.

In addition to the meeting of the Section on Public Health to be held Thursday morning, April 27, at the annual Conference of Social Workers in San Diego, joint sessions with the sections on family and child welfare, relief and education will be held on Wednesday and Friday mornings, April 26 and 28. It is hoped that a large number of public health workers will be able to attend the conference. The full programs for these three meetings are published herewith.

SECTION ON HEALTH.
CALIFORNIA CONFERENCE OF SOCIAL WORK.

Civic Auditorium, April 25-28, 1922.
San Diego, California.

Chairman - - Dr. Walter M. Dickie
Secretary, State Board of Health.

Joint Section on
EDUCATION and HEALTH.

Wednesday, April 26, 9 a.m. to 12 m.

Chairmen:
Mrs. O. Shepard Barnum,
Dr. Walter M. Dickie.

Theme: "Education and Re-Education."

Presiding:
Mrs. Elizabeth McManus,
Director, Bureau of Social Hygiene, State Board of Health.

1. Constructive Factors in Health.
   Dr. Herbert R. Stolz, State Supervisor of Physical Education.
2. Rehabilitation by Education.
   (a) Disabled Veterans.
   Major F. H. McKeon, Commandant, U. S. Public Health Hospital, Camp Kearny.
   (b) The Industrially Handicapped.
   Mr. H. D. Hicker, Assistant State Supervisor Rehabilitation.
3. Social Hygiene Education.
   Dr. Edna F. Bailey, Director of Science, Oakland Public Schools.
4. Conservation of Health in the Los Angeles Public School System.
   Mrs. Susan B. Dorsey, Superintendent, Los Angeles City Schools.
5. Child Health Education.
   Mrs. John Collier, Child Health Organization of America.

Section on
HEALTH.

Thursday, April 27, 9 a.m. to 12 m.

Chairman: Dr. Walter M. Dickie.

1. Mental Hygiene and Its Relation to the Health Problem.
   Dr. V. H. Podstata, Assistant Professor of Psychiatry, University of California.
   Discussion led by Elizabeth B. Skeele, Secretary, Associated Charities, Oakland, California.
2. Public Health and Its Relation to the Social Problems.
   Dr. Emory S. Bogardus, Professor of Sociology, University of Southern California.
3. The Control of Communicable Diseases and Its Effect Upon the Social Problem.
   Dr. William C. Hassler, Health Officer, City of San Francisco.
   Discussion led by Dr. Alex M. Lesem, Health Officer for San Diego.
4. The Health Center and Its Relation to the Community.
   Dr. Alvin Powell, Director, Alameda County Health Center.
5. The Relation of the County Hospital to the General Social Problem.
   Rev. C. A. Ramm, President, State Board of Charities and Corrections.
6. Care of Hospital Convalescents.
   Mr. Norman Martin, Superintendent of Charities and Hospital, Los Angeles County.

Joint Sections on
FAMILY AND CHILD WELFARE,
HEALTH AND RELIEF.

Friday, April 28, 9 a.m. to 12 m.

Chairmen:
Dr. Miriam Van Waters,
Dr. Walter M. Dickie,
Miss Katherine Felton.

1. Mental Hygiene in Solving Problems of Ex-Service Families.
   Frances McCalughry, Psychiatric Field Worker, Letterman Government Hospital, San Francisco.
2. Childhood, the Golden Period of Mental Hygiene.
   Dr. Ernest B. Hoag.
3. Child Hygiene in the Home.
   Dr. A. J. Scott, Jr., Member, State Board of Health.
4. Dental Hygiene.
   Miss Charlotte Greenhood, Bureau of Dental Hygiene, State Board of Health.
5. Social Aspects of Sterilization.
   Dr. John R. Haynes, State Board of Charities and Corrections.

A Correction.

It was announced in the April 15th issue of this publication that blood for the new diphtheria immunity test devised by Dr. W. H. Kellogg, could be sent to the laboratory in tinfoil sheets such as were used several years ago for sending specimens for Widal tests. This information is in error. Specimens may be sent in the Widal outfits now in use, the blood to be collected in the small vial and forwarded in regular container. Regulation outfits for the new test will be ready soon.

Digitized by Google

MORBIDITY.

General health conditions throughout the state were much better last week than they have been for many preceding weeks. Nearly every reportable disease showed a decrease. With the beginning of warm weather there will be a continued decrease in the respiratory infections, and the usual increase in typhoid must be looked for.

Influenza.

Influenza is no longer epidemic within the state. There were but 134 cases reported last week.

Smallpox.

Forty cases of this disease occurred in California last week. Alameda County, Hayward and San Jose each reported 6 cases; Stanislaus and Santa Clara counties each reported 5 cases; 1 case was reported in each of the following places: Oakland, Sacramento, Livermore, Los Angeles, Richmond, Merced, Berkeley, Bakersfield and Fresno County. Stockton reported 3 cases.

Typhoid.

Four cases of typhoid were reported in Stockton last week and the same number of cases was reported in San Francisco. Willows, in Glenn County, reported 1 case.

Epidemic Encephalitis.

Three cases of epidemic encephalitis were reported in Los Angeles ast week.

Poliomyelitis.

One case of poliomyelitis was reported in Pasadena last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending April 15 received by April 18	Week ending			Reports for week ending April 16 received by April 20
	Mar. 25	Apr. 1	Apr. 8		Mar. 26	Apr. 2	Apr. 9	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	1	2	2	0	4	5	3	8
Chickenpox	153	151	177	117	204	242	173	224
Diphtheria	163	161	129	126	130	166	131	131
Dysentery (bacillary)	0	1	0	0	4	2	4	2
Epidemic encephalitis	1	4	0	3	5	5	2	4
Gonorrhoea	70	68	91	52	57	124	104	56
Hookworm	2	0	0	0	0	0	0	0
Influenza	1,529	854	310	134	168	134	79	105
Leprosy	2	1	0	0	0	0	0	0
Malaria	3	3	1	1	9	3	3	2
Measles	22	22	17	30	707	538	570	557
Mumps	71	56	62	67	312	202	224	222
Pneumonia	188	211	103	90	82	64	87	75
Poliomyelitis	1	2	0	1	0	1	2	0
Scarlet fever	142	101	123	89	115	107	110	115
Smallpox	38	44	43	40	101	118	126	103
Syphilis	102	113	100	80	46	105	122	41
Tuberculosis	206	238	110	145	156	182	193	149
Typhoid fever	8	7	16	9	28	20	12	7
Whooping cough	44	67	87	43	48	64	56	56

16990 4-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 11 APRIL 29, 1922 GUY P. JONES EDITOR

This dog is suffering from rabies. Note the rigidity of the lower jaw due to paralysis of the muscles. Also, note the widely dilated eyes, the paralyzed hind legs and the general tense posture. This condition is typical of a well developed case of rabies in a dog. Had this animal received the Pasteur preventive treatment, he might not have developed the disease and his life might have been saved. The Pasteur treatment is equally effective in preventing rabies in man and in animals.

Human Death From Rabies.

A young man residing in Los Angeles died an agonizing death from rabies April 21st. He was employed by the city as a laborer. A small bull dog bit him on the face and wrist February 27th. He came to the city health department March 2d for the Pasteur treatment. This treatment was completed in 21 days. A physician notified the health department April 19th that this man was in a Los Angeles rooming house apparently suffering from rabies. A representative of the State Board of Health saw the case 24 hours after the onset of the symptoms. At this time the patient was extremely nervous and morose. There was a slight paralysis of the pharynx and harsh breathing. That night the patient became maniacal and uncontrollable, forcibly ejecting the nurse. A crash of breaking glass was heard in the patient's room and the attendants found that he had broken a water bottle over the iron bed and was endeavoring to cut his throat with a sharp pointed piece of glass. It required five orderlies to subdue the patient. The nurse, in attempting to remove pieces of glass from within the reach of the patient, received a number of superficial cuts. Since she had handled his salivary secretions the nurse has started the Pasteur treatment.

The fact that this patient contracted rabies even though he began the Pasteur treatment 4 days after he was bitten is undoubtedly due to the severe nature and the location of the bites. It is extremely dangerous for a person to be bitten on the face or near the large nerve centers. It is very seldom that death occurs in a person who has received the Pasteur treatment after having been bitten by a rabid animal. The mortality rate among such persons is less than 0.5 per year. Out of 1813 persons receiving the treatment at the Pasteur Institute, Paris, in 191 there were but three who died.

Digitized by Google

Rabies Must Be Controlled.

Rabies is on the increase in California. Not only are large numbers of animals infected, but a considerable number of human beings have been bitten, making it necessary for them to take the Pasteur treatment. The accompanying table shows the number of cases in animals that have occurred in California during the years 1920, 1921, and 1922 to April 25th.

RABIES IN CALIFORNIA.

Number of Cases in Animals, by Counties.

1920.

Alameda	5	Placer	1
Butte	1	Riverside	1
Contra Costa	11	Sacramento	19
Fresno	13	San Joaquin	58
Kern	4	Santa Clara	1
Kings	14	Santa Cruz	1
Lassen	1	Siskiyou	1
Los Angeles	1	Sonoma	1
Madera	3	Stanislaus	6
Merced	2	Tulare	15
Modoc	5		
Napa	1	Total	170
Nevada	5		

1921.

Alameda	3	Riverside	1
Contra Costa	4	Sacramento	7
Fresno	3	San Joaquin	6
Kings	4	Santa Clara	1
Los Angeles	68	Siskiyou	4
Marin	1	Solano	1
Merced	2	Stanislaus	11
Modoc	3	Tulare	4
Monterey	5	Ventura	1
Napa	1		
Nevada	1	Total	132
Orange	1		

1922 to April 25.

Alameda	3	San Diego	3
Los Angeles	36	San Joaquin	1
Modoc	1	Siskiyou	1
Monterey	1	Solano	1
Placer	2	Stanislaus	1
Riverside	2		
San Bernardino	2	Total	54

Since the first of January, 1922, the State Hygienic Laboratory has given out 46 Pasteur treatments to individuals who have been bitten by rabid animals. During all of last year 88 such treatments were given out by the Laboratory, showing that rabies is a greater problem this year than it was during 1921. One of the manufacturers of anti-rabic virus in California sent out 79 Pasteur treatments from November, 1920, to November, 1921. This manufacturer has distributed 28 treatments in California since November, 1921.

The most effective way of controlling rabies in any community lies in the adoption of a local muzzling ordinance and the enforcement of such a measure when rabies is present in the community. Such measures were used effectively in San Joaquin, Stanislaus and Fresno counties last year. Following their rigid enforcement the disease was stamped out in all of these districts.

Another measure that is of value in the control of rabies is Chapter 757, Acts of 1921, which provides for the restriction of dogs running at large, protects live stock from the depredations of such animals, and provides for the issuance of dog license tags by counties. If this act were rigidly enforced in all communities, it would be very effective in the control of rabies.

The State Rabies Quarantine Act can be invoked when other measures are not practical. Under the act providing for the state quarantine it becomes the duty of the State Board of Health to investigate, and if it is found that rabies is epidemic the board has the authority to designate a certain area within which all dogs or other animals must be kept under leash or in closed cage or paddock.

Several California counties are now about to adopt muzzling ordinances, and it is believed that through the enforcement of such measures the present unfavorable rabies situation can be remedied speedily. The State Board of Health is ready to provide assistance to any community where aid in the control of rabies is desired.

Examination for Public Health Nurse.

The California State Board of Health will hold an examination for certificate as public health nurse at the University of California, room 104, Hygiene and Pathology Building, and at 821 Pacific Finance Building, Los Angeles, May 13th, at 9 a.m.

Applicants for this examination must be registered nurses and must present evidence of having completed an approved public health course, covering a period of at least eight months.

Candidates for this examination will make application to the California State Board of Health, 713 Wells Fargo Building, San Francisco. Complete applications must be filed not later than May 10th.

Salinas Maintains Quarantine.

A resident of Salinas, whose home was in quarantine for smallpox, recently violated the regulations by leaving the premises without permission of the health officer. Upon complaint of that official the resident was arrested, brought before a local justice of the peace, plead guilty and was fined. The health officer, the city attorney and the justice are to be commended for their efforts in upholding quarantine regulations.

Digitized by Google

Kindness to Animals.

In commenting upon the "Be Kind to Animals Week," Chester Rowell, in the San Francisco Bulletin, says:

"Let us devote the week to the encouragement of vivisection. For vivisection has probably saved more pain and produced more comfort to animals than all other causes combined. Incidentally, it has saved untold human lives and relieved untold human suffering, but this we can commemorate during the other fifty-one weeks.

In the kindness to animals week let us extol the blessings of vivisection to animals. By sacrificing a few hogs to a more comfortable death than cholera, the whole porcine kind can be free of the agonies of hog cholera. A needle prick and a slight fever in a few cattle saves millions of cattle from anthrax.

Even the moral example, the avoidance of inflicting pain, the true sense of animal values, of the vivisectors, has spread their lesson of kindness to animals.

When you send your precious pet to the dog hospital, the skilled treatment it gets there is the product of vivisection. So let us make every humane society a center of vivisection propaganda and devote the kindness to animals week to inculcating kindness, the humanity, the merciful pain-saving of vivsection."

To Curb Drug Traffic.

Health officers, nurses, city and county officials, superintendents of institutions and individuals who may be interested in the control of uarcotic drug addiction are invited to attend a meeting at 10 a.m. Tuesday, May 2d, 1922, in the rooms of the State Board of Harbor Commissioners on the second floor of the Ferry Building, south end, San Francisco. This meet- is sponsored by the committee appointed by Governor Wm. D. Stephens in pursuance of the provisions of a resolution adopted by the Senate in the last legislature.

Dr. George E. Ebright, President of the State Board of Health and Chairman of the California State Committee on Drug Addiction, has called this meeting and he advises that information, data or statistics are especially desired upon the following points:

1. Source, purchase, sale and distribution of illicit narcotic.

2. Discussion of methods of control of the drug traffic.

3. Inquiry as to the general type or types of individuals who become drug addicts.

4. Discussion of the causes of the starting of drug addiction in the individual such as: illness, environment, appetite, degeneracy, etc.

5. Discussion of the success or failure of existing methods of cure.

6. Discussion of such other phases of the general subject as will be of assistance to the committee in formulating its report and recommendations to the next legislature.

Another meeting similar to this one will be held in Los Angeles June 2, 1922.

In order that the general purpose of the organization of the California State Committee on Drug Addiction may be understood the resolution providing for the appointment of the members of the committee is printed herewith.

Resolution Adopted by the State Senate of California on April 21, 1921 (page 1735), Senate Journal, Forty-fourth Session.

Whereas, The present method of handling the narcotic drug addicts of this state has failed to effect any great number of cures, owing to the fact that the period of confinement is not of long enough duration; and

Whereas, It is desirable that the Senate of the State of California obtain intelligent information upon this subject in order that proper legislation can be proposed; now, therefore, be it

Resolved, That the Senate respectfully requests the Governor to designate one member of the Board of Pharmacy, one member of the Board of Health, one member of the Lunacy Commission, one member of the State Board of Control, and one representative from the Engineering Department to act as a committee to investigate and report to the next legislature a plan for the proper treatment and care of narcotic drug addicts, and that such committee be instructed to embody in their report their recommendations upon the establishment of a hospital for narcotic drug addicts, its cost and location and the approximate number of addicts handled therein.

Health Nuggets.

You need fresh air—day and night.

Don't be afraid of "night air." It is the only air there is at night.

Well-kept alleys pay better dividends than well-kept cemeteries.

Good health means good business—bad health is bad business.

Disease prevention is even more important than fire prevention.

Don't cough in my face. I'd rather take a chance with a bullet.

Beware of the dastardly "D's"—Dirt, Despair, Disease, Dampness, Death.

Preventable disease is not merely accidental. It is due to criminal carelessness.

—*American Journal of Public Health.*

Digitized by Google

MORBIDITY.

Nearly all communicable diseases were less prevalent last week than during the preceding week. General health conditions throughout the state are excellent.

Influenza.

Ninety cases of influenza were reported last week. During the week ending April 1st there were 854 cases, showing that the disappearance of this disease during the past month has been rapid.

Smallpox.

There were 23 cases of smallpox reported last week. Out of these 5 are in San Jose, 3 in Berkeley, 2 in Bakersfield, 2 in Stockton; the remaining cases being scattered over the state.

Typhoid.

Five cases of typhoid were reported last week, 1 each in Woodland, Madera, Stockton, Sacramento and Yolo County.

Rabies.

One case of human rabies was reported in Los Angeles.

Leprosy.

Sacramento reported one case of leprosy.

Epidemic Cerebrospinal Meningitis.

San Francisco and Santa Ana each reported one case of this disease last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending April 22 received by April 25	Week ending			Reports for week ending April 23 received by April 27
	Apr. 1	Apr. 8	Apr. 15		Apr. 2	Apr 9	Apr. 16	
Anthrax	0	0	0	0	0	0	0	1
Cerebrospinal meningitis	2	2	0	2	5	3	8	6
Chickenpox	151	177	118	122	242	173	230	125
Diphtheria	161	128	134	98	166	131	136	184
Dysentery (bacillary)	1	0	0	0	2	4	2	5
Epidemic encephalitis	4	0	3	0	5	2	4	6
Gonorrhoea	68	91	55	115	124	104	60	45
Hookworm	0	0	1	1	0	0	0	0
Influenza	854	310	169	90	134	79	111	54
Leprosy	1	0	0	1	0	0	0	0
Malaria	3	1	1	1	3	3	2	1
Measles	22	17	32	19	538	570	610	494
Mumps	56	62	76	60	202	224	239	202
Pneumonia	211	103	96	96	64	87	78	122
Poliomyelitis	2	0	1	0	1	2	0	2
Rabies	0	0	0	1	0	0	0	0
Scarlet fever	101	123	103	76	107	110	123	116
Smallpox	44	43	46	23	118	126	109	131
Syphilis	113	100	80	93	105	122	42	40
Tuberculosis	288	110	149	182	182	193	150	130
Typhoid fever	7	16	10	5	20	12	7	7
Whooping cough	67	87	59	75	64	56	67	74

16990 4-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 12 MAY 6, 1922 GUY P. JONES EDITOR

Broadcasting Public Health.

The California State Board of Health is broadcasting public health information every Wednesday afternoon at 3 o'clock from the San Francisco Examiner radio station. This information can be heard by any one who has a suitable wireless receiving set. Thousands of receiving sets have been sold recently on the Pacific coast, making it possible for large numbers of persons to hear the weekly radio health talk.

The first record of the use of the radio for the dissemination of public health information is that made during the cancer control campaign during the autumn of 1921. At that time a radio station in Denver broadcasted a talk on cancer that was heard on the Pacific coast. Since last December the United States Public Health Service has used the Naval Radio Station at Washington for broadcasting purposes. The New York State Department of Health is now using the radio for similar work. The University of California will have a new broadcasting station ready in a few weeks, and that station will be used also in spreading information upon public health subjects.

The New Public Health.

Dr. H. W. Hill says, "I believe no small part of the chaos of the modern public health situation is due to lack of appreciation of the fact that the causes of death and disease are chiefly, overwhelmingly, from sources outside the human body; and that while these include, it is true, external violence, food troubles, chemical poisoning, etc., they include in immensely greater proportion the attacks of parasites of all kinds, chief among which are those which produce communicable diseases."

Watch for Infectious Jaundice.

Infectious jaundice first appeared in California during the winter, and it is believed that a considerable number of cases of the disease have occurred since but have not been reported. All cases of jaundice should be carefully investigated in order to determine if they may be of the infectious type. All such cases should be reported promptly to the State Board of Health.

Dysentery Cases Reported.

Two outbreaks of bacillary dysentery were reported last week, involving a total of 12 cases. Six of these cases were in an Oakland institution and the other six cases were in a Los Angeles household.

Longer Lives and Safer.

More and more, disease is being cured before it begins. Typhus, which drove Napoleon from Moscow and destroyed his army, is now being wiped out by soap and hot water. Smallpox, once classed with measles, is being ended with tiny tubes of vaccine. Lead poisoning in potteries is being remarkably checked by the workmen eating outside their workrooms and washing the lead glaze off their hands before eating at all. Children by thousands are being saved from slow starvation by attention to their teeth, which enables them to eat and to digest their food. Wherever modern public health work is in progress, lives are longer and safer than they were.—*United States Public Health Service.*

Births, deaths and sicknesses are like the temperature, pulse and respiration of a patient and disclose the state of community health.
HAVEN EMERSON, M.D.

Camping Season Opens.

Automobile campers are beginning to throng the highways, and camping paraphernalia is common equipment on many machines encountered on country roads. The beginning rush of the touring season is on. It therefore becomes the duty of all health officers within whose jurisdiction automobile camps are located to make certain that the State Board of Health regulations regarding camp-ground sanitation are fully complied with and that the necessary preparations for receiving the summer crowds have been made. In order that readers of this publication may be fully informed regarding the requirements for camp-ground sanitation, the California State Board of Health regulations are reprinted here.

REGULATIONS REGARDING CAMP-GROUND SANITATION

The following rules shall apply to any city, county, city and county, village, community, institution, person, firm or corporation operating, maintaining or offering for public use within the State of California any tract of land on which persons may camp or picnic, either free of charge or by payment of a fee.

Rule I. A water supply of sanitary quality acceptable to the California State Board of Health shall be provided in ample quantity to meet all requirements of the maximum number of persons using such a tract at any time. Said water supply shall be easily obtainable from its source or from faucets on a pipe distributing system within a distance of 300 feet of any camp or picnic spot within such tract.

Rule II. Any water of inferior sanitary quality on or in the vicinity of such tract of land, to which campers or picnickers on said tract may have access, shall be either eliminated or purified, or shall be kept posted with placards definitely warning persons against its use.

Rule III. Fly-tight privies, water-flushed toilets, or other toilet facilities acceptable to the State Board of Health shall be provided and shall be maintained in a clean and sanitary condition. One separate installation each for men and for women shall be provided for each one hundred or fraction thereof, of the maximum number of persons occupying such tract at any time. No camp or picnic spot within such tract shall be at a greater distance than 400 feet from both a men's and a women's toilet. The locations of all toilets shall be plainly indicated by signs.

Rule IV. Supervision and equipment sufficient to prevent littering of the ground with rubbish, garbage or other refuse shall be provided and maintained. Fly-tight depositories for such materials shall be provided and conspicuously located. Each and every camp or picnic spot on said tract shall be within a distance of not over 200 feet of such a depository. These depositories shall not be permitted to become foul-smelling or unsightly or breeding places for flies.

Rule V. The method of final sewage or refuse disposal utilized in connection with the operation of any camp or picnic ground shall be subject to approval of the California State Board of Health.

Rule VI. At least one caretaker shall be employed by the management to visit said tract every day that campers or picnickers occupy said tract. Such caretaker shall do whatever may be necessary to keep said tract and its equipment in a clean and sanitary condition.

Rule VII. The management of every public camp or picnic ground shall assume responsibility for maintaining in good repair all sanitary appliances on said ground, and shall promptly bring such action as is necessary to prosecute or eject from such ground any person that wilfully or maliciously damages such appliances, or any person that in any other way fails to comply with the spirit of these regulations.

Rule VIII. Each and every owner and leasor of any public camp or picnic ground shall be held responsible to the California State Board of Health for full and literal compliance with these regulations.

Rule IX. This resolution or a digest of the same shall be printed and kept posted in conspicuous places on every public camp or picnic ground by the management of such ground.

Failure on the part of the owner or management of any camping ground to comply with the foregoing rules shall be deemed sufficient cause for declaring the premises a public nuisance under the provisions of section 370 of the Penal Code of California; also sufficient cause for the State Board of Health to post placards on said ground or otherwise advise the public of said failure and warn campers and picnickers to go elsewhere.

Human Deaths from Rabies.

Four human beings in California died of rabies in 1920 and five more residents of the state died of this disease in 1921. There has been one death of a human being from this disease already this year. Physicians generally agree that death from rabies is one of the most agonizing forms of death encountered. Those California communities where rabies is now prevalent in animals must carry on an intensive program of eradication if the residents of these communities are to be safeguarded against this truly terrible disease.

Longer Terms for Health Officers.

An editorial in the *Engineering News Record* for April 20, 1922, reads as follows: "A long forward step has been taken in New York state by the enactment of a law providing that health officers shall be appointed for four-year terms and shall not be removed except on charges. The same rule might well be made country-wide in application and extended to other municipal, to county and state officials where adequate civil service regulations do not already govern appointments and removals."

Over the doors of the wards and hospitals for consumptives twenty-five years ago might well have been written these words: "All hope abandon ye that enter here," while today, in the light of the new knowledge, we may justly place at the entrance of the modern sanatorium the more hopeful inscription: "Cure sometimes, relief often, comfort always."—Trudeau.

Digitized by Google

Control of Occupational Diseases.

Although the control of occupational diseases is included under the Workmen's Compensation, Insurance and Safety Act, the subject is of interest and has a distinct bearing upon public health problems that come under the jurisdiction of both state and local boards of health. There are relatively few deaths from occupational diseases registered in California. As a cause of temporary disability, however, these diseases are important. Some of them also play important parts in bringing about the different types of permanent disability.

It is interesting to note, in the table prepared by the Industrial Accident Commission and published herewith, that a large number of cases of occupational disease are due to "fruit and vegetable poisoning, including poison oak." Fish poisoning was the cause of 17 "temporary injuries" in both 1919 and 1920. Lead poisoning, one of the first recognized forms of occupational disease, caused 38 injuries in 1920. Other conspicuous occupational injuries are gassing, poisoning from cement or lime, distillate and other petroleum products, and inflammation of nerves, joints and tendons due to occupational causes.

With the rapid growth of industry in California, occupational diseases become of greater importance. Health officers are requested to cooperate with all agencies engaged in the control of occupational diseases in order that injuries and deaths from such causes may be reduced to a minimum.

Occupational Diseases in California, 1919-1920

Nature and location of injury	Death. 1919	Death. 1920	Temporary. 1919	Temporary. 1920
Poisonous substances—Poisoning by:				
Aniline dyes	--	--	8	--
Antimony	--	--	--	1
Arsenic	--	--	1	2
Brass	--	--	--	2
Bronze	--	--	2	--
Carbon monoxide	--	1	--	2
Chloride of lime	--	--	1	--
Chlorine	--	--	2	--
Formaldehyde	--	--	--	1
Gassing (not otherwise specified)	--	--	22	33
Hydrochloric acid	--	--	2	--
Hydrofluoric acid	--	--	1	--
Lead	1	--	31	38
Mercury (Quicksilver)	--	--	1	7
Nitrous gases	--	--	2	2
Nitroglycerine	--	--	1	--
Petroleum	--	--	3	3
Sulphuretted hydrogen	--	--	--	2
Sulphuric acid	--	--	2	--
Wood alcohol	--	--	--	4
Wood (African boxwood and others)	--	--	4	2
Poisonous substances—Disease:				
Copper and copper sulphate poisoning	--	--	4	--
Nickel or kalye poisoning	--	--	--	1
Fish poisoning	--	--	17	17
Cement or lime poisoning	--	--	3	16
Potash poisoning from breathing lye fumes	--	--	2	1
Mineral wool infection (through skin only, from handling)	--	--	1	--
Distillate and other petroleum products (enters through skin)	--	--	15	28
Ptomaine poisoning	--	--	2	5
Fruit and vegetable poisoning, including poison oak	--	--	153	227
Acid poisoning (not otherwise classified)	--	--	4	3
Miscellaneous occupational diseases (not otherwise classified	--	--	60	92
Pulmonary diseases caused by dust and fibres—Disease:				
Byssinosis	--	--	--	1
Pneumokoniosis (not otherwise specified)	--	--	1	--
Diseases caused by parasites and micro-organisms—Disease:				
Whooping cough	--	--	--	2
Anthrax	--	--	8	1
Cow-pox	--	--	4	--
Farcy	--	--	1	1
Pneumonia and colds	--	--	3	10
Sugar boils and dermatitis	--	--	14	22
Spanish influenza	2	3	2	7
Mumps	--	--	--	3
Diphtheria	--	--	--	1
Typhoid fever	--	1	--	7
Bronchitis	--	--	--	2
Due to fatigue, strains, excessive light and heat, friction, etc.—Disease:				
Electric ophthalmia	--	--	3	--
Amblyopia	--	--	--	1
Miner's nystagmus	--	--	--	1
Cramps and other nerve affections—Disease:				
Occupation neurosis and neuritis (not otherwise specified)	--	--	12	11
Writer's cramp	--	--	2	--
Boilermaker's deafness	--	--	9	1
Inflammation of joints and tendons—Disease:				
Bursitis (beat elbow)	--	--	3	4
Cellulitis of the hand	--	--	17	6
Bursitis over patella	--	--	13	10
Synovitis	--	--	10	10
Rheumatism from exposure	--	--	5	1
Due to compressed air—Disease:				
Compressed air disease	--	--	1	--
Totals	3	5	452	591

It seems futile to attempt to reform education apart from the physical condition of the child; it seems unreasonable to expect healthy adolescence if we continue to neglect the remedy of the physical disabilities of childhood and the prevention of their cause.—Sir George Newman.

Don't worry! To worry about the past is to dig up a grave; let the corpse lie. To worry about the future is to dig your own grave; let the undertaker attend to that. The present is the servant of your Will.—Haddock.

Neglected children cost more than well-nourished ones to everybody except their immediate parents.—George Bernard Shaw.

Digitized by Google

MORBIDITY

Smallpox.

The 32 cases of smallpox reported last week were distributed as follows: Santa Clara County 7, San Jose 4, Tulare County 7, Kern County 1, Bakersfield 1, San Luis Obispo 2, Watsonville 2, San Francisco 2, Oakland 1, Ceres 1, Stockton 1, Modesto 1, Long Beach 1 and Berkeley 1.

Typhoid.

There were but three cases of typhoid reported last week. One case each in Blythe, Stockton and Sacramento.

Epidemic Encephalitis.

One case of this disease was reported in Tulare County.

Epidemic Cerebrospinal Meningitis.

One case of epidemic cerebrospinal meningitis was reported in Los Angeles County.

Poliomyelitis.

There were no cases of this disease reported in the state last week.

Influenza.

Influenza is rapidly disappearing. There were but 87 cases reported in California last week.

Scarlet Fever.

Scarlet fever is showing a decline. The disease is considerably less prevalent than it was during the early part of April.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Apr. 8	1922 Week ending Apr. 15	1922 Week ending Apr. 22	1922 Reports for week ending April 29 received by May 2	1921 Week ending Apr. 9	1921 Week ending Apr 16	1921 Week ending Apr. 23	1921 Reports for week ending April 30 received by May 4
Anthrax	0	0	1	0	0	0	1	0
Cerebrospinal meningitis	2	0	3	1	3	8	6	4
Chickenpox	177	118	127	127	173	230	142	177
Diphtheria	128	134	119	82	131	136	200	142
Dysentery (bacillary)	0	0	0	0	4	2	5	4
Epidemic encephalitis	0	3	0	1	2	4	5	0
Gonorrhoea	91	55	127	50	104	60	45	87
Hookworm	0	1	0	0	0	0	0	0
Influenza	310	169	157	87	79	111	110	72
Leprosy	0	0	1	0	0	0	0	0
Malaria	1	1	1	0	3	2	2	5
Measles	17	32	19	22	570	610	564	470
Mumps	62	76	86	55	224	239	248	199
Pneumonia	103	96	171	62	87	78	127	59
Poliomyelitis	0	1	1	0	2	0	2	0
Rabies	0	0	1	0	0	0	0	0
Scarlet fever	123	103	94	84	110	123	126	110
Smallpox	43	46	23	32	126	109	135	103
Syphilis	100	80	95	33	122	42	43	38
Tuberculosis	110	149	195	127	193	150	139	164
Typhoid fever	16	10	5	3	12	7	7	8
Whooping cough	87	59	83	46	56	67	86	90

16990 5-22 5200

O

Digitized by Google

CALIFORNIA STATE PRINTING OFFICE

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, Jr., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 13 MAY 13, 1922 GUY P. JONES EDITOR

Of Interest to Parents.

In this issue of the Weekly Bulletin there is published an article entitled "The Hygiene of the School Child at Home," by Dr. A. J. Scott, Jr., of Los Angeles, member of the California State Board of Health. This paper was presented by Dr. Scott at the Conference of Social Work held in San Diego, April 25th to 28th. Dr. Scott emphasizes the necessity of following the rules of simple hygiene and offers simple and practical suggestions for observing the rules of hygiene with relation to the child at home.

No, Not "Sanitarians."

The term "public health worker" has been used for many years to include all individuals employed professionally in public health work. The term is awkward and is also without specific meaning. Realizing the need for a more comprehensive term, the "Conference on the Future of Public Health in the United States and the Education of Sanitarians," held in Washington March 14 and 15, chose the word "sanitarian" for the designation of all public health workers. The choice of this word is unhappy, to say the least. During the war this term was used extensively for the purpose of designating special workers in the many bureaus of venereal disease that sprang up all over the country. For this reason it will be difficult for the general public to disassociate the term from venereal disease control. Besides, in many places, sanitary inspectors are called sanitarians.

In spite of the definition of sanitarian in the Century Dictionary, "a promotor of, or one versed in, sanitary measures and reforms," it would seem that, because of previous usage, the term can not be used successfully in the designation of all persons engaged professionally in public health work. The Journal of the American Public Health Association states that it is in sympathy with the new usage of the word and intends to follow it in its own style. We are willing to struggle along with "public health worker," however, waiting until such time as a more comprehensive term than "sanitarian" may be invented.

A Sick Man's Journeys.

The Detroit City Department of Health has published a history of the travels of a tuberculosis patient which is typical of the journeys of many migratory patients who find their way into California. The Detroit health officer calls it "the story of the sick man that hurts the cause of the sick."

"He was admitted to the tuberculosis ward of the hospital in 1918," the story reads. "He stayed several months and then left without permission. He found it more to his liking to enlist the sympathy and financial support of private individuals. He asked for money to take him West so he could be cured of tuberculosis. He got it—got it many times, and he abused the kindness of the people who helped him.

Individualistic philanthropy did this since 1918:

It sent him to Colorado and return three times;
It sent him to Illinois and return three times;
It sent him to Minnesota once, and to Iowa once;
It helped him into Eloise, Herman Kiefer and the Detroit Tuberculosis Sanitarium about ten different times;

Digitized by Google

Last year Detroit business men gave him $468 in three months.

The last we knew he had a letter from a physician stating that the bearer had tuberculosis and, if given financial assistance, would go to the West to live."

Detroit now has a clearing house in its Department of Public Welfare, by means of which such imposition upon its citizens and upon the residents of western states may be eliminated. Team play in community relief is valuable and necessary.

THE HYGIENE OF THE SCHOOL CHILD AT HOME.

By A. J. Scott, Jr., M.D., Los Angeles.
(Professor of Diseases of Children, College of Medical Evangelists, Los Angeles, Member of California State Board of Health.)

Foreword: We have spent much time and money in the development of child welfare stations. Study and care of the preschool age child is becoming more popular while study and attention are also being given to the child in school. But, what of this same child out of school hours?

The pediatrist sees many of these children in his capacity as consultant to the family, or the child is brought to him upon the request of the school nurse or teacher because the child is not doing as well as he should in school.

A careful history, inquiring into the minute details of the child's life from birth up to the present, often reveals some simple fault which when corrected makes for a change in the whole quality of work done at school. The following are some fundamental principles based upon the same work being done in the preschool age period, and partly upon the work of school physicians. The facts are not advanced as original, but are merely to emphasize again their importance.

A healthy body is absolutely necessary as a basis upon which to build the superstructure and may be attained by attention to details in the following:

Food: See that there are sufficient of the essential elements, protein for repair of waste and to build up new tissue, fat to pad the bones, muscles, and nerves as well as to prevent injury, carbohydrates for fuel, mineral salts from green vegetables and well ripened fruits, vitamins from the leafy vegetables, citrus fruits and milk. Limit sweets until the end of the meal and feed nothing between meals except fresh fruits. Further discussion will take us too far afield, but all of these principles can be taught in the home by being started in the school. It is a simple matter to instill into young children a realization of the necessity of drinking plenty of fresh milk, etc. The body needs plenty of coarse foods as found in fruits, vegetables and coarse breads.

Bowel Action must be a daily affair. Too often this important matter is not attended to unless the mother makes it a point to send the child to the toilet immediately after breakfast. She must insist on the child trying and results are possible if persistence is exercised. This one fact is so often neglected, that the child is stupid and sluggish in school.

Water: Drinking of plenty of cool water is another neglected habit. This is necessary to obtain proper metabolism, for without water constipation is always quite severe. From 4 to 8 glasses a day are necessary, depending upon the age of the child. Have a cooler and glass handy for between times, while playing. Insist upon a big drink in the morning on arising and after each meal. It is not well to drink with meals, for this tends to make easy the washing down of poorly masticated food.

Fresh Air: This is essential to proper oxidation. Bed rooms, frequently have not good ventilation, or while there may be plenty of windows and doors the child's bed is pushed off into one corner, where the air is stale. The child rebreathes the heavy air and the result is improper oxidation. Such children will be restless at night. Get the bed out into the room and arrange so there will be no draught, but so that there will be constantly moving air. A screen properly adjusted to the head of the bed or on one side will effect good results, or place the child so the head comes to the foot of the bed and pull the bed out from the wall. A sleeping porch is the ideal arrangement.

Rest: Frequently school children are kept up until the adults go to bed. A child's body and mind are weary after the strenuous life of school and play and need from 9 to 11 hours sleep every night. Until he is 12 years old he should be in bed by 8 p.m. and up at 6 or 7 a.m. Possible exception might be made occasionally for special reasons. But to get the best results, the early hours are necessary. For the child from 6 to 9 or even 10 years of age a rest period of from ½ to 1 hour after coming home from school in the afternoon will give quieter nerves and a more amiable disposition. The child can really enjoy play more if the nervous tension is relaxed somewhat first. Use a cool, darkened or shaded room with plenty of air. For the older children sometimes a doll or story or picture book will help to

Digitized by Google

make the rest hour more pleasant and not make it seem a punishment. This hour is very essential particularly in the slender, highly strung, nervous youngster.

Baths: The body needs water externally as well as internally to open the pores and aid in elimination. A daily bath does not weaken any person if properly used. For the average child a tepid tub on retiring is sufficient. In very hot weather, with a strong child, a cool splash on arising with a brisk rub afterward to make the skin pink, will freshen and invigorate for the heat of the day. If, however, a child seems weak or exhausted after either of the above types of bathing a sponge bath should be substituted until its resistance is built up. The nightly bath also helps to relax tired nerves and muscles and promotes a quieter sleep.

Clothing: This should be adjusted to the climate and type of child. In cool weather, dry or damp, the lower part of the body needs as much protection as the upper. A good quality of underwear, heavy stockings full length and stout, thick-soled shoes will keep the feet, legs and buttocks warm and dry. Additional overcoats or sweaters will take care of the torso and arms. But to have a child dressed in half sox and thin-soled shoes and underwear while the mother wears a heavy coat and furs seems somewhat inconsistent to say the least. The child's metabolism is more active than the adult's but there is too much demand on the child's system to care for the growth and normal wear and tear, to supply extra heat to keep the body warm when this could be done by extra clothing.

The too-frequent head colds or symptoms of congested upper respiratory mucus membranes are some of the results of this type. The so-called "hardening the body" by such means is a fallacy. Instance how nature provides heavier furs for animals and feathers for birds in the colder times of the year. Nature is not so kind to the human. He is provided with a sentient parent whose thought is more for style than health.

Exercise: This is as much a part of the normal child's life as food and sleep. He craves it and if he does not get it in one way he will in another, so, skates, turning bars, swings, and all the rest of the paraphernalia which go to make up the necessary outfit should be provided at home as well as at school. If a child does not have these at home he seeks the homes of others who do have them. They should not be used to the point of exhaustion. The average child sits down very frequently for rest if only for a few minutes but enough to "get his breath" which is equivalent to the same thing. Children of the early school period should not be allowed to walk many blocks without frequent pauses to rest. Too often adults will walk a young child to the point of exhaustion. For the older children hikes are very valuable when possible.

Physical Defects: Wherever there are any physical defects which tend to interfere with proper functioning of all organs these should be corrected. The eyes should receive consideration where the teacher notes inattention or making of frequent mistakes, where the child complains of nausea especially in the morning or where there is any distaste for food, poor or fickle appetite. Tonsils and adenoids and teeth should come in for their share of attention. Parents should not neglect the advice of school nurses and physicians as this is all for the child's welfare not only in school but at home. Here again, there should be close cooperation between teachers and parents.

If a man's mind, courage and interest can be enlisted in the cause of his own salvation, healing goes on apace, the sufferer is remade. If not, no medical surgeon, no careful nursing will avail to make a man of him again.—John Galsworthy.

"We are in the United States spending more money on convicting and imprisoning two men who go wrong out of each 100 of population than we are on educating the other ninety-eight."—Warden James A. Johnston of San Quentin.

I have hope and wish that the nobler sort of physicians will advance their thoughts, and not employ their time wholly in the sordidness of cures; neither be honored for necessity only; but that they will become coadjutors and instruments of the divine omnipotence and clemency in prolonging and renewing the life of man.—Bacon.

What shall it profit a child if it gain an education but has no health? The greatest thing in the world is human life. The physically unfit, the pale, the frail, stoop-shouldered child can never be depended upon to stand up to the hardships of life's competition. Our schools are largely responsible for their development or the lack of it.

Venereal disease is the most prevalent of all diseases except measles, is responsible for 6000 of the blind in the United States, is the cause of 75 per cent of surgical operations on female pelvis, is the cause of 20 per cent of insanity, is the cause of nearly half of the miscarriages, is the principal cause of locomotor ataxia, is the frequent cause of many other diseases—rheumatism, apoplexy, etc.—Connecticut Health Bulletin.

Digitized by Google

MORBIDITY.

Smallpox.

Of the 34 cases of smallpox reported last week, 10 were in San Jose and Santa Clara County, 5 in Alameda County, 4 in Hayward, 3 in Merced, 2 in Stanislaus County and 1 case each in Los Angeles, Watsonville, San Francisco, Fresno County, San Luis Obispo, Bakersfield, Taft, Lodi, Richmond and Sacramento.

Typhoid.

Of the 10 cases of typhoid reported last week, 2 were in Fresno County and 1 case each in Sacramento County, Santa Clara County, Los Angeles, San Francisco, Santa Ana, Colton, Berkeley and El Cerrito.

Meningitis (Epidemic Cerebrospinal).

Four cases of this disease were reported last week—1 case each in San Joaquin County, Tulare County, Pomona and San Francisco.

Encephalitis (Epidemic).

Five cases of epidemic encephalitis were reported for the week ending May 5th. There was 1 case each in Oakland, Los Angeles, San Francisco, Modesto and Colton.

Leprosy.

Los Angeles reported 1 case of leprosy last week.

Epidemic Jaundice.

One case of epidemic jaundice was reported in Nevada City last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Apr. 15	Apr. 22	Apr. 29	Reports for week ending May 6 received by May 9	1921 Week ending Apr. 16	Apr 23	Apr. 30	Reports for week ending May 7 received by May 11
Anthrax	0	0	0	0	0	1	0	0
Cerebrospinal meningitis	0	3	2	4	8	6	4	2
Chickenpox	118	127	176	120	230	142	191	188
Diphtheria	134	119	123	108	136	200	148	127
Dysentery (bacillary)	0	0	6	5	2	5	4	8
Epidemic encephalitis	3	0	2	5	4	5	0	2
Gonorrhoea	55	127	63	106	60	45	94	137
Hookworm	1	0	0	0	0	0	0	0
Influenza	169	457	120	66	111	110	82	33
Leprosy	0	1	0	1	0	0	0	0
Malaria	1	1	0	3	2	2	5	5
Measles	32	19	29	13	610	564	515	427
Mumps	76	86	78	49	239	248	228	227
Pneumonia	96	171	111	102	78	127	62	82
Poliomyelitis	1	1	1	0	0	2	0	3
Rabies	0	1	0	0	0	0	0	0
Scarlet fever	103	94	118	76	123	126	127	84
Smallpox	46	23	62	34	109	135	117	109
Syphilis	80	95	89	95	42	43	39	139
Tuberculosis	149	195	216	129	150	139	174	172
Typhoid fever	10	5	10	10	7	7	13	8
Whooping cough	59	83	78	102	67	86	105	74

16990 5-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 14 MAY 20, 1922 GUY P. JONES EDITOR

Public Health Course at Teachers College.

An unusual and highly instructive course in public health and preventive medicine will be given at the San Francisco State Teachers College, June 26th to August 5th. Special emphasis will be placed upon the educational value of public health and preventive medicine and the control of communicable diseases by public and private health services and agencies. Dr. Haven Emerson, one of the most eminent public health men in the United States, formerly health officer of New York City, will be in charge of the course, assisted by Dr. William Palmer Lucas, Professor of Pediatrics, University of California Medical School. Arrangements for the course are under the supervision of a committee composed of Dr. Ray Lyman Wilbur, President of the Stanford University, Dr. W. M. Dickie, Secretary of the State Board of Health, and Dr. Lucas.

The first two days, June 26th and 27th, will be devoted to the presentation of the general problem of the control of the preventable diseases by Dr. Haven Emerson. This discussion will give a picture of the problem in its entirety before considering it in its separate sections. Under the schedule as outlined, a particular subject will be presented by an expert in that subject for a period of 30 to 45 minutes each day. This will be followed by discussion and argument or questions and answers for a similar period of time. These will be followed by a summing up and resume by Dr. Haven Emerson.

For nine days, June 28th to July 8th (excepting July 4th), special diseases, especially those affecting children and those diseases most prevalent in California, will be discussed. The next four days, July 10th to 13th, will be devoted to the discussion of disease in its biological and social aspects. For six days, July 14th to 20th, nutrition including a general survey of the problem will be discussed. Psychology and mental conditions of children occupy the four days, July 21st to 25th. Public health education will be considered July 26th to 29th. The last week will be devoted to a discussion of federal, state and local health service and the functions and objectives of the present health agencies. During this week Dr. C. L. Alsberg and Dr. Davis, members of the Food Institute of Stanford University, will give talks on national and international problems of nutrition and population as they affect the problems of health.

Among the experts who will take part in leading the discussions, are: Dr. E. C. Fleischner, Clinical Professor of Pediatrics, University of California Medical School; Dr. Philip King Brown, President of the California Tuberculosis Association; Dr. George H. Evans, specialist in tuberculosis; Dr. John N. Force, Associate Professor of Epidemiology, University of California; Dr. C. A. Kofoid, Professor of Zoology and Assistant Director Scripps Institute for Biological Research, University of California; Dr. George E. Ebright, Assistant Clinical Professor of Medicine, University of California Medical School, and President of the California State Board of Health; Dr. Karl F. Meyer, Acting Director Hooper Foundation for Medical Research; Dr. Ernest C. Dickson, Associate Professor of Medicine, Stanford University Medical School; Dr. William Ophuls, Professor of Pathology and Dean of Stanford University Medical School; Mr. Chester Rowell, State Railroad Commissioner and Publicist; Mr. Will J. French, Chairman State Industrial Accident Commission; Dr. A. F. Morgan, Associate Professor of Household Science, University of California; Miss Maud I. Murchie, State Supervisor of Teacher-Training Courses in Home Economics; Martha R. Jones, Ph.D., Research Instructor in Pediatrics, University of California Medical School; Dr. Harold K. Faber, Associate Professor of Medicine (Pediatrics), Stanford University Medical School; Dr. Langley Porter, Clinical Professor of Pediatrics, University of California Medical School; Dr. [illegible] S. Millberry, Dean University of Califo[illegible]

Digitized by Google

College of Dentistry; Mrs. G. W. Nigel, in charge of Nutritional Classes in San Francisco Public Schools; Miss Ellen M. Bartlett, Supervisor of Home Economics, San Francisco Public Schools; Miss S. E. Hagelthorn, Head of Department of Physical Education, San Francisco Public Schools; Mr. Christian Brocar, Director, Department of Physical Education, Spokane, Washington, Public Schools; Mrs. John Collier, Representative of Child Health Organization of America, and San Francisco Tuberculosis Association; Dr. Olga Bridgman, Associate Clinical Professor of Abnormal Psychology, University of California Medical School; Miss Meta L. Anderson, Director of Binet Classes, School Department, Newark, New Jersey; Miss Louise Lombard, Supervisor of Special Classes for Exceptional Children, San Francisco Public Schools; Prof. C. E. Rugh, Professor of Education, University of California; Dr. Eva C. Reid, After Care Physician for State Hospitals, Instructor in Psychiatry, University of California Medical School; Dr. Harold W. Wright, Assistant in Psychiatry, University of California Medical School; Miss Mary Preston, Teacher of Science, State Teachers College, San Francisco; Mrs. M. M. Fitz-Gerald, Principal, John Swett School, San Francisco; Mrs. E. J. Mott, Member Board of Education, San Francisco; Dr. Adelaide Brown, Member State Board of Health; Dr. W. M. Dickie, Secretary, State Board of Health; Dr. William C. Hassler, Secretary, San Francisco Board of Health.

This course is for teachers, nurses, social workers, volunteers in public health or in social service work and any other interested individuals who may be qualified to enter such a course. The hours have been arranged so that it will be possible for persons who are employed during the day to attend; these hours are from 4:30 to 6:30 p.m. daily, except Saturdays, and on Saturdays from 10 a.m. to 12 m.

The deviation from the lecture system in this course ought to make it specially instructive. The seminars will permit the extensive presentation of scientific data and will make easy the discussion of issues from all angles of interpretation. Public health workers who are unable to attend this course will fail to take advantage of a remarkable and unusual opportunity. Requests for further information should be addressed to Dr. Frederic Burk, Principal, State Teachers College, San Francisco.

Good Water Polluted by Bad Handling.

Certified water of satisfactory quality [illegible] may be so handled in its de- [illegible] aboard a vessel as to [illegible] unsafe for consump- [illegible] U. S. Public Health [illegible] report. For instance, [illegible] used by passenger vessels [illegible] Ohio and Mississippi [illegible] summer of 1921 frequently [illegible] contamination of the water. [illegible] Lakes, on the other hand, the methods used were generally satisfactory and the results of the bacteriological analyses showed much lower counts.

By law, drinking water on vessels engaged in interstate traffic must be obtained from "certified" sources ashore or must be purified by treatment aboard "by an approved method." The choice between these will naturally be controlled by the relative trouble and expense, which in turn is controlled by circumstances. On the Great Lakes bulk freighters, which dock at wharves in canals and slips, will in many places be unable to get certified water ashore conveniently or inexpensively, while passenger vessels, which call at larger places, can usually obtain satisfactory water. On the Ohio and Mississippi, however, both freight and passenger vessels can find good water at the points where they dock.

Unfortunately, the facilities for conveying the drinking water aboard vessels along the rivers have been unsatisfactory. At Louisville, Cincinnati, Evansville, Huntington, Pittsburgh and other river ports, certified water is available but in 1921 was delivered aboard in unusual ways. Generally speaking, no hydrants were available on the landings and the water had to be carted from the nearest hydrant in kegs or barrels; or conveyed by roustabouts in wheelbarrows; or even carried in pails and buckets. The cost of such transportation was high and the chance for pollution of the water was great. The water could be delivered by hose from hydrants placed on the piers more cheaply and with reasonably minimum exposure to contamination.

The report recommends that hydrants to public water supplies be placed on the piers at places convenient for delivery through hose. The hose so used should be carefully protected from contamination from the river water and other sources and should be used for no other purpose. Where the river level is subject to marked changes, a water pipe should be run down the incline of the landing; and city hydrants, properly protected, should be placed on it at about each 15 feet of vertical rise in the landing. Preliminary steps to do this are now being taken at all five of the cities named above.

There is a great mass of evidence which conclusively proves that consumption is comparatively rare among those who follow an out-door life under normal and healthy conditions; that it is comparatively common among those who live habitually indoors; and that it attains its maximum incidence among those whose occupation involves prolonged confinement in a vitiated atmosphere.—Lindsay.

Digitized by Google

Fighting Rats and Mosquitoes.

San Diego is planning a crusade against rats. The health officer has been tentatively selected as commander of the municipal forces that will war on the rodents. Conferences with the mayor and councilmen have been arranged and plans are being laid by means of which the rat population of that city will, without doubt, be greatly diminished.

Long Beach has started its annual fight against mosquitoes. The city health officer believes in exterminating mosquitoes while they are in the incubating stage. The control of mosquitoes in Long Beach and vicinity is expected to be more effective than in previous years because of the fact that more extensive permanent drainage systems have recently been installed.

Correct Usage of Word "Drug."

Headline writers are often forced to use short words, the definitions of which may not supply the exact meaning desired. This is one of the reasons that the word "drug" is used so commonly in place of the word "narcotic."

The Pacific Drug Review has called the attention of the State Board of Health to this matter, and we believe that the Review is right in its contention that the word "drug" should be eliminated to the greatest possible extent in all publicity material relating to the narcotic addict situation. The drug trade is receiving considerable undesirable notoriety in news items through the misuse of the word "drug," which covers many thousands of items of a botanical, chemical and pharmaceutical character. It is the intention of the State Board of Health to do all that may be possible to encourage the correct use of this word, and to secure its elimination with reference to the narcotic situation.

The economic loss sustained through sickness and inefficiency is a direct drain on our country's resources. It therefore becomes our patriotic duty at this time to see that neither our own health nor that of our neighbor is impaired. Ignorance, superstition and disease go hand in hand and our skill should be vigorously directed against their spread.

Let us not forget that the entire child goes to school—body, soul and mind. Any system of education which ignores one or the other of these factors will be to the disadvantage of the child.—Rosenau.

The great work of sanitary reform has been, perhaps, the noblest legislative achievement of our age, and, if measured by the suffering it has diminished, has probably done far more for the real happiness of mankind than all the newest questions that make and unmake ministries.—Lecky.

What Is A Public Health Nurse?

What is a public health nurse? Many people do not understand the difference between a trained nurse and a public health nurse. The public health nurse is a trained nurse who devotes her energy and time to the prevention of sickness, while the trained nurse spends her time in the bedside care of the sick. Trained nurses are employed privately in homes and hospitals; public health nurses are employed by states, counties, cities, towns, tuberculosis societies, Red Cross chapters and similar organizations, or by large stores and industrial plants. The trained nurse is a *sickness* nurse, and the public health nurse is a *health* nurse. The trained nurse tries to get you well, and the public health nurse to keep you well. The public health nurse visits cases of infectious disease and instructs the family how to prevent the disease from spreading. She tells mothers how to keep their babies well. She assists the school medical inspector in the physical examination of school children, visiting the homes of parents, and urging them to secure the correction of all physical defects that may be found. She visits tuberculosis patients, supervises their care in the home, teaches the family how to avoid the contraction of the disease and assists these patients to enter sanatoria, provided institutional care is required.

The public health nurse is one of the most important factors in protecting the health of any community. She is instrumental in the prevention and control of communicable diseases, because of the fact that she visits and instructs the patients and their contacts in the home. She is as necessary in securing the protection of life and health as policemen and firemen are in the protection of life and property.

Opportunities for Public Health Workers.

The United States Civil Service Commission at Washington announces examinations for the following positions:

Dietitian, U. S. Public Health Service.

Laboratorian (bacteriology) and assistant laboratorian (bacteriology) in the U. S. Public Health Service.

Assistant medical officer (psychiatry).

Junior medical officer (psychiatry).

The last two positions are for the purpose of filling vacancies in St. Elizabeth's Hospital, Washington, D. C.

Persons in California who desire to take these examinations should make application to the Civil Service Commission, Washington, D. C., or to the Secretary of the U. S. Civil Service Board, San Francisco.

Digitized by Google

MORBIDITY.

Smallpox.

The prevalence of smallpox in California has been reduced greatly during the past few weeks. There were but 28 cases reported during the week ending May 13. Of these 7 are in Hayward, 7 in San Jose, 4 in the rural districts of Santa Clara County, 3 in Alameda County, and 2 in Bakersfield.

Typhoid.

Nine cases of this disease were reported last week. Four of these were in Japanese at Stockton, and one case was reported in each of the following places: Oakland, Blythe, Berkeley, Los Angeles and San Benito County.

Epidemic Encephalitis.

Six cases of epidemic encephalitis were reported last week. Two of these are in Los Angeles, and one case in each of the following places: Vallejo, San Rafael, Fresno and Santa Clara.

Epidemic Cerebrospinal Meningitis.

Three cases of this disease were reported last week—1 case in Riverside, 1 in Los Angeles City, and 1 in Los Angeles County.

Leprosy.

San Francisco reported one case of leprosy last week.

Summary.

Health conditions in general throughout the state are very good. Now is the time, however, for health officers to provide every possible safeguard against typhoid, dysentery and similar infectious diseases.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending Apr. 22	Apr. 29	May 6	Reports for week ending May 13 received by May 16	1921 Week ending Apr. 23	Apr. 30	May 7	Reports for week ending May 14 received by May 18
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal meningitis	3	2	4	3	6	4	2	2
Chickenpox	127	176	132	151	142	191	197	182
Diphtheria	119	123	119	113	200	148	132	131
Dysentery (bacillary)	0	6	5	1	5	4	8	5
Epidemic encephalitis	0	2	5	6	5	0	2	1
Gonorrhoea	127	63	109	94	45	94	143	53
Hookworm	0	0	0	0	0	0	0	0
Influenza	157	120	70	29	110	82	33	32
Leprosy	1	0	1	1	0	0	0	2
Malaria	1	0	4	2	2	5	5	3
Measles	19	29	15	33	564	515	435	438
Mumps	86	78	72	30	248	228	233	173
Pneumonia	171	111	176	60	127	62	83	50
Poliomyelitis	1	1	0	0	2	0	3	1
Rabies	1	0	0	0	0	0	0	0
Scarlet fever	94	118	91	126	126	127	88	107
Smallpox	23	62	35	28	135	117	116	106
Syphilis	95	89	99	133	43	39	138	55
Tuberculosis	195	216	141	154	139	174	176	113
Typhoid fever	5	10	11	9	7	13	8	7
Whooping cough	83	78	114	98	86	105	74	91

16990 5-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 15 MAY 27, 1922 GUY P. JONES EDITOR

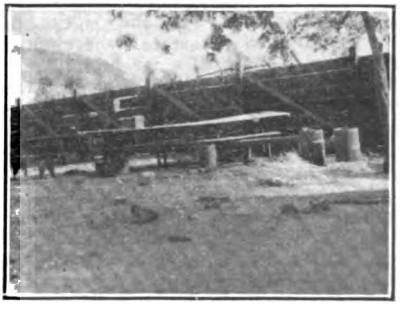
SANITATION OF AUTOMOBILE CAMPS.

Automobile camping promises to be more extensive this year than ever before. It, therefore, is of the utmost importance that all camping places in the state be kept in the very best sanitary condition. The California State Board of Health inspectors are constantly in the field, and every municipal and private automobile camp in the state will be inspected early in the season. The commercial benefits to be derived through the establishment of municipal camps are too well known to be enumerated here. From a public health standpoint the provision, under supervision, of sanitary facilities for tourists, doing away with promiscuous camping on the outskirts of towns, is an absolutely necessary procedure. Through the establishment of organized, well equipped camping places in definite locations, promiscuous camping along state highways, streams, and on important watersheds is done away with; not arbitrarily, but simply through the provision of better facilities in selected locations for camping in cleanliness and comfort.

A clean, well-kept camp attracts tourists and helps to safeguard the public health.

In order that the residents of the various communities in the state, as well as the traveling public, may be adequately safeguarded, the California State Board of Health has prepared rules and regulations for the sanitation of camping places which it is enforcing rigidly in every part of the state.

The regulations pertaining to the provision of an adequate supply of pure water and the proper disposal of sewage, garbage and other wastes are most explicit. The water supply must be piped throughout the grounds, and faucets must be located at convenient places. Under no condition shall water be dipped from a spring, barrel or other receptacle. No individual camp owner and no city maintaining a camp can afford to supply other than pure water. It is of the utmost importance that careful attention be given to the provision of a pure water supply at all times.



A dirty, neglected camp drives tourists away and is a menace to the public health.

Disposal of Wastes.

In most of the automobile camps that have been established in California

Digitized by Google

cities, water-flush toilets in clean fly-proof buildings are provided. In others, where a convenient supply of water is not available, fly-tight pit privies may be used. With the continued improvement in municipal camping places, however, as water becomes more available, this type of privy is being eliminated in favor of the water-flush system. The regulations permit the disposal of sewage through municipal sewer systems, septic tanks, or covered cesspools. Under no conditions is raw sewage permitted to remain on the surface of the ground. Where septic tanks are used, proper attention to the disposal of the effluent is required. This effluent or discharge from the septic tank, which is almost as dangerous as the raw sewage itself, can, under no conditions, be allowed to flow into any stream or even appear on the surface of the ground. It must be disposed of through a subsurface drainage system.

Garbage must be kept in covered metal garbage containers, distributed through camp grounds at convenient locations. The contents should be collected daily, removed from the premises or burned. It is customary in many camps to burn out the cans daily, in order that flies and mosquitoes may not be attracted to the remnants of food that might otherwise adhere to the sides of the cans. Garbage incinerators are established in nearly all camps. Waste paper and rubbish of all descriptions are also burned in such incinerators.

Dusty tourists appreciate the use of shower baths, which are provided in many camps. Some of these camps have bathhouses with concrete floors and hot and cold water.

Kitchens are provided in many camps; some of them are located in permanent buildings, but many of them are in shelter-booths open at the sides. In some sections of the state, where mosquitoes or other insects are unduly prevalent, shelter-booths as well as kitchens are screened. In some camps gas plates, upon fireproof stands made of brick or other fireproof materials are provided. In those places where gas may not be available wood-burning stoves built of concrete or brick are often found. Tables and benches are provided in nearly all camps, and in some of the municipal camps reading and recreation rooms are maintained.

Must Have Caretaker.

One of the most important requirements of the state board of health is that pertaining to supervision. The board insists that there shall be a regularly employed caretaker, and that he shall maintain daily supervision over each camp in the state. Unless such daily supervision is provided, it is impossible to keep any camp in a strictly sanitary condition.

Copies of the regulations of the state board of health may be obtained in quantity by making application to the Board at Sacramento. Posters upon which are printed these regulations are available for posting in all camp places. Following is an incomplete list of cities in California maintaining municipal automobile camps. A small charge is made in some of these camps, while others are free.

Type of garbage incinerator used in Yreka municipal automobile camp ground.

The state board of health will be glad to learn of any insanitary conditions that may be discovered in any private or municipal camp at any time. The board aims to cooperate with the public and with the owners of these camps to the mutual benefit of all concerned.

Alameda County
Pleasanton
Amador County
Jackson
Sutter Creek
Butte County
Chico
Oroville
Gridley
Colusa County
Arbuckle
Colusa
Contra Costa County
Richmond
Del Norte County
Crescent City (2)
El Dorado County
Sacramento Camp
Placerville
Farm Bureau (W. Placerville)
Fresno County
Roeding Park

Digitized by Google

Glenn County
Orland
Willows
Humboldt County
Arcata
Fortuna
Eureka
Kern County
Bakersfield
Lake County
Lakeport
Los Angeles County
Whittier
Pasadena
Los Angeles (2)
Redondo Beach
Hermosa Beach
Santa Monica
Long Beach
Alhambra
Pomona
Glendora
Mendocino County
Fort Bragg
Mendocino
Ukiah
Willits
Merced County
Merced
Monterey County
Pacific Grove
Salinas
Napa County
Napa
Nevada County
Truckee
Nevada City
Orange County
Orange
Fullerton
Anaheim
Santa Ana
Newport Beach
Huntington Beach
Balboa
Placer County
Fish and Game Commission
Auburn
Tahoe City
Roseville
Lincoln
Plumas County
Quincy
Riverside County
San Jacinto
Hemet
Elsinore
Corona
Riverside
Sacramento County
Sacramento
San Benito County
Hollister
San Bernardino County
Chino
Redlands
San Bernardino
Bloomington
San Diego County
San Diego
Escondido
San Diego County
East San Diego
Oceanside
San Joaquin County
Stockton
Tracy
San Luis Obispo County
San Miguel
Paso Robles
Templeton
Atascadero
San Luis Obispo
Arroyo Grande
Pismo Beach
Santa Barbara County
Santa Maria
Los Alamos
Santa Barbara
Santa Clara County
Gilroy
Mayfield
Santa Cruz County
Watsonville
Shasta County
Redding
Anderson
Siskiyou County
Dunsmuir
Sisson
Yreka
Solano County
Vacaville
Fairfield
Benicia
Sonoma County
Sonoma
Cloverdale
Petaluma
Santa Rosa
Healdsburg
Stanislaus County
Oakdale
Stanislaus County
Ceres
Tehama County
Red Bluff
Corning
Trinity County
Weaverville
Tulare County
Porterville
Exeter
Lindsay
Tulare County (2)
Visalia
Tulare
Tuolumne County
Sonora
Oakland City Camp
Ventura County
Ventura County
Yolo County
Woodland
Yuba County
Marysville

Regulations governing camp-ground sanitation, adopted December 4, 1920.

The following regulations shall apply to any city, county, city and county, village, community, institution, person, firm or corporation, operating, maintaining or offering for public use within the State of California any tract of land on which persons may camp or picnic either free of charge or by payment of a fee:

Section 1. A water supply of sanitary quality shall be provided in ample quantity to meet all requirements of the maximum number of persons using such a tract at any time. Said water supply shall be easily obtainable from its source or from faucets on a pipe distributing system within a distance of not more than 300 feet of any camp or picnic spot within such tract.

Section 2. Any water considered unsafe for human consumption in the vicinity of such tract of land, to which campers or picnickers on said tract may have access, shall be either eliminated or purified, or shall be kept posted with placards definitely warning persons against its use.

Section 3. Fly-tight privies or water-flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for men and women shall be provided, one for each 50 men, and one for each 50 women, or fraction thereof, of the maximum number of persons occupying such tract at any time. No camp or picnic spot within such tract shall be at a greater distance than 400 feet from both a men's and a women's toilet. The location of all toilets shall be plainly indicated by signs.

Section 4. Supervision and equipment sufficient to prevent littering of the ground with rubbish, garbage or other refuse shall be provided and maintained. Fly-tight depositories for such materials shall be provided and conspicuously located. Each and every camp or picnic spot on said tract shall be within a distance of not over 200 feet of such a depository. These depositories shall not be permitted to become foul-smelling or unsightly or breeding places for flies.

Section 5. The method of final sewage or refuse disposal utilized in connection with the operation of any camp or picnic ground shall be such as to create no nuisance.

Section 6. At least one caretaker shall be employed by the management to visit said tract every day that campers or picknickers occupy said tract. Such caretaker shall do whatever may be necessary to keep said tract and its equipment in a clean and sanitary condition.

Section 7. The management of every public camp or picnic ground shall assume responsibility for maintaining in good repair all sanitary appliances on said ground, and shall promptly bring such action as is necessary to prosecute or eject from such ground any person that wilfully or maliciously damages such appliances or any person that in any other way fails to comply with these regulations.

Section 8. Eact and every owner and lessee of any public camp or picnic ground shall be held responsible for full and literal compliance with these regulations.

Section 9. Failure on the part of the owner or management of any camping ground to comply with the foregoing regulations shall be deemed sufficient cause for declaring the premises a public nuisance under the provisions of Section 370 of the Penal Code of California.

Section 10. These regulations shall be printed and kept posted in conspicuous places on every public camp or picnic ground by the management of such ground.

Education is of little use to the sick or dead. Parents should remember that health comes first. Without proper health no child can be properly educated.—Public Health.

Men have gone without eating for forty days, gone without drinking for six days, but when they go without breathing for four minutes, they are turned over to the undertaker.

Depression and worry are physical moral offenses; they are amongst the mistakes one can make. They are not in any respect whatsoever, nor can good be traced to them [redacted] Eustace Miles.

Digitized by Google

MORBIDITY.

Smallpox.

The thirty-three cases of smallpox reported in California last week are distributed as follows: Kern County 8, Bakersfield 2, Santa Clara County 3, San Jose 5, Stockton 3, San Diego 1, Watsonville 1, Oroville 1, Los Angeles 1, San Francisco 3, Fresno County 1, Tulare County 1, Calaveras County 1, Stanislaus County 1.

Typhoid.

Typhoid fever last week showed the beginning of the usual seasonal increase. The 18 reported cases are distributed as follows: Los Angeles 5, Stockton 2, Colton 2, Sacramento 1, Pittsburg 1, San Joaquin County 1, Santa Ana 1, San Francisco 1, Richmond 1, Chino 1, Sonoma County 1, Kern County 1.

Epidemic Encephalitis.

Humboldt County reported no case of epidemic encephalitis last week.

Epidemic Cerebrospinal Meningitis.

One case of epidemic cerebrospinal meningitis was reported in Los Angeles last week.

Poliomyelitis.

Two cases of poliomyelitis were reported in Los Angeles last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending May 20 received by May 23	Week ending			Reports for week ending May 21 received by May 25
	Apr. 29	May 6	May 13		Apr. 30	May 7	May 14	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	4	3	1	4	2	2	2
Chickenpox	176	132	163	147	191	197	187	160
Diphtheria	123	119	126	109	148	132	140	133
Dysentery (Bacillary)	6	5	1	0	4	8	5	4
Epidemic Encephalitis	2	5	5	1	0	2	1	2
Gonorrhoea	63	109	95	58	94	143	57	65
Influenza	120	70	34	21	82	33	40	32
Leprosy	0	1	2	0	0	0	2	0
Malaria	0	4	2	5	5	5	3	4
Measles	29	15	47	29	515	435	452	449
Mumps	78	72	45	66	228	233	181	161
Pneumonia	111	176	63	73	62	83	52	52
Poliomyelitis	1	0	0	2	0	3	1	1
Scarlet Fever	118	91	143	121	127	88	114	131
Smallpox	62	35	37	33	117	116	126	72
Syphilis	89	99	133	112	39	138	56	47
Tuberculosis	216	141	157	192	174	176	116	166
Typhoid Fever	10	11	9	18	13	8	11	16
Whooping Cough	78	114	103	89	105	74	93	76

16990 5-22 7500

O

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 16 JUNE 3, 1922 GUY P. JONES EDITOR

EAT MORE FRUIT.

By M. E. JAFFA, M.S.,

Consulting Nutrition Expert, California State Board of Health.

In view of the approaching fruit season it may not be out of place to enter a plea for the larger use in the diet of fruit and fruit products.

Some years ago fruit was considered by the majority of persons as an accessory or supplementary food eaten for its agreeable flavor or supposed hygienic or medicinal virtues rather than a staple article of diet. Later, when the composition of fruits had been more carefully determined, it was realized that they were a source of carbohydrates, mainly sugar, and in the discussion of the food value of fruits at that time only the carbohydrates were emphasized; no mention was made of any other nutritional value. Our knowledge of fruit today, due to the progress of work in nutrition, is much more complete.

Among the many investigations, with reference to the nutritional value of the different foods, which have been carried on during the past decade there are three which stand out very prominently, namely:

1. Those relating to the biological value of the different proteins.
2. Those relating to the importance of mineral elements in nutrition.
3. Those relating to the vitamins and their role in nutrition.

Low in Protein Content.

In view of the fact that all fresh fruits, with perhaps the exception of some varieties of the avocado, are low in protein, they never can be considered as a material source of this most important nutrient and therefore in discussing this subject we do not have to concern ourselves with investigations in connection with the proteins. The results of the other two series of investigations, however, are vitally concerned with the discussion of the place of fruits in the diet and speak for the larger consumption of fruit by both old and young.

When considering the new phases of the nutritional worth of fruits we must not overlook the fact that the main source of calories in fruits is sugar. The consensus of opinion among physiologists and nutrition investigators is that the carbohydrates of our food and not the nitrogenous compounds are the source of muscular energy for the body. We can thus better appreciate, then, the high nutritive value of dried fruits. The average amount of carbohydrates, mainly sugar, in the dried fruit is about 62 per cent while the average amount of carbohydrates, mainly starch, in flour is 75 per cent. In other words, the carbohydrate element in the dried fruits is not very much below that noted for flour. If we refer these data to the grain itself then the carbohydrate content of dried fruits very closely approaches that of the grain. The same is true in regard to jams, preserves and other concentrated fruit products.

The object of this brief article is to present further data, based on late investigations, in order that we may more fully realize the high nutritional worth of fruits.

The importance of the mineral elements in nutrition has been but lately brought to the notice of the laity and too much stress can not be laid upon this point. We have in our foods two general classes of mineral matter, one, acid-forming elements, and the other, base-forming elements. In order that we may have the optimum conditions for growth and development in the

Digitized by Google

young and health and activity in the adult we must have a proper balance between these two classes. Such a balance is impossible on a diet consisting of meat, eggs and the cereals in that the mineral elements of such a diet would be productive of an acid condition not desirable in the body. In order that this condition may be avoided it is essential that the diet contain a generous amount of fruits and vegetables. The chief mineral elements in the "acid-forming" foods are phosphorus, sulphur and chlorine. The counteracting basic elements in fruits and vegetables are mainly lime, magnesium and sodium. Again, fruits far outrank the cereals in content of iron so necessary to meet the demands of blood and tissue formation in the body. This is especially true of such fruit as raisins, prunes and figs which are, comparatively speaking, rich in iron. These facts alone would be sufficient, from the standpoint of nutrition, to call for a more generous representation of fruit in our daily menus.

Vitamins in Fruits.

The third important series of investigations above noted refers to the vitamin content of our foods. For the purpose of this article three facts must be accepted:

1. There are three types of vitamins, A, B and C; A being soluble in fat and B and C being soluble in water.
2. Vitamins are unidentified dietary essentials, therefore,
3. No diet can be complete without them.

It is admitted by all that there is no better source of vitamins A and B than milk, but, it must also be admitted that milk is not the only source of these vitamins. In this connection it is of great interest to note that with the increased number of studies that are conducted with reference to the vitamin content of our different fruits the more gratifying are the results, in that fruits are found to be, as a rule, an excellent source of vitamins B and C. Relatively little attention has yet been given the examination of fruits for vitamin A so that it is not possible to draw any definite conclusions on this point. The present knowledge of the value of fruits as sources of vitamins B and C is more than adequate to justify the liberal use of fruit as a staple article of food and not merely to consider it as an accessory or luxury.

The citrus fruits, while, as is the case with other fruits rating low in protein, are rich, comparatively speaking, in mineral matter and vitamins B and C. Osborne and Mendel found that in the fresh fluid form, orange, lemon and grape fruit juice were found to contain about the same concentration of vitamin B as does milk.

Citrus Fruits Valuable.

There is no *better* source of vitamin C than the juice of the citrus fruits. This statement is based on the findings of the investigators at the Lister Institute, London, who rate, with reference to content of vitamin C, fresh lemon juice, fresh orange juice, ripe onion and fresh cabbage juice as 100 and *all* other foods much lower. In order to emphasize this point it might be said that the next highest figure, 60, is quoted for tomato juice. These findings alone should call for a very extended use, and a much larger use than at present, of the citrus fruits and particularly the consumption of *lemonades* and *orangeades true to name*. In this connection there is a great opportunity for furthering the fruit industry by the *public demanding* at *soda fountains, lemonades* and *orangeades* made from *pure* juices and *not* the synthetic product now so plentifully at hand.

The nutritional value of the synthetic article, that is, the artificial product, lies mainly in the sugar of the syrup added, that is, the syrup which carries the artificial colors and the artificial flavors. Such a syrup has *no* nutritional value other than the sugar. It does not contain the *mineral matter* and *it does not contain the vitamins*. These two facts alone should be the reason for people demanding the *pure* article, particularly for the young and growing child. A glass of lemonade made from the juice of the lemon contains just as much sugar as does the artificial product, but, *in addition* contains the most valuable mineral matter and also the vitamins B and C, absolutely essential for the diet. It is therefore to be hoped that during the coming summer there will be in the light of these facts a much larger demand for orangeade and lemonade *true to name* and *not artificially made*. Not only does the pure article possess a far higher nutritional worth than the artificial, but it is decidedly more palatable and desirable.

The orange juice and lemon juice, also that of the grape fruit, are rich in potash and lime which are, as previously stated, very essential for the proper balancing of the total mineral elements of our diet, and in addition to this the ripe orange contains about 12.5 per cent of sugar which, as above indicated, is one of our

Digitized by Google

best sources of energy for the human body.

Have Therapeutic Value.

In addition to the nutritional worth of fruits as outlined in the foregoing, there is a therapeutic or hygienic value which must not be lost sight of. Most fruits are more or less laxative due to the content of fiber, the small seeds, etc., they contain, or to salts in solution, or to both. Fruits supply also bulk so necessary for the properly balanced diet and so beneficial for optimum intestinal action.

Oranges and citrus fruits in general are used in invalid dietaries, their juice allaying thirst very effectively and it has been stated by physicians that orange juice can be borne often by even the most irritable stomach. Again, orange juice is a valuable addition to the diet of the infant for the purpose of insuring an adequate supply of vitamin C which is present in small amounts only in fresh raw milk.

Deciduous and citrus fruits can be eaten without restriction by those suffering from gout and kindred troubles.

In conclusion it should be said that if the diet of the average person included more of the foods of high biological value, rich in protein, mineral matter and vitamins, there would be no inducement for the manufacture and sale of the various vitamin preparations now so glowingly advertised in our daily press.

Intravenous Use of Quinine in Malaria.

Limitations to the use of quinine intravenously in malaria treatment is the subject of a report by Dr. K. F. Maxcy just published by the U. S. Public Health Service.

When quinine is given intravenously by routine in malaria treatment it can hardly be claimed that the procedure is without danger. The sudden introduction of a concentrated solution into the blood stream tends to cause circulatory depression and distressing nervous phenomena. Accidental extravasation into the tissues at the point of injection is apt to cause local necrosis and sloughing. Against these dangers is the unquestionable rapidity with which the drug is brought into contact with the parasites in the blood stream. Except for this there is no clear evidence at present that in ordinary malaria infections the method is more effective than mouth administration in curing an acute attack, in ridding the blood of sexual forms, or in preventing relapse.

Its proper field of usefulness seems to be upon urgent clinical indications of two sorts: first, in cases in which prompt absorption by the gastro-intestinal tract, following mouth administration, is not to be expected because of violent gastro-intestinal disturbance or other cause, or in which it is impossible to give the drug by mouth on account of delirium, coma, etc.; and second, in cases which are gravely ill when first seen by the physician and in whom it is deemed imperative to secure immediate cinchonization. It does not seem necessary nor desirable to use the intravenous route of administration in the simple acute or chronic infections ordinarily encountered, whether tertian or aestivo-autumnal.

When the clinician decides that the method is warranted, the effect upon the patient must be borne in mind. Particularly is it necessary to be sure that the patient is not already suffering from circulatory embarrassment. The technique of the injection must be such as to minimize the danger of untoward effects by observing three cardinal principles: Careful aseptic technique; giving the drug in moderate doses and in dilution; and introducing the solution slowly.

All the precautions which are observed in giving a dose of salvarsan should be observed in giving quinine.

—U. S. P. H. Service.

WHO KNOWS?

Why do we breed morons? Is it because we wish to have social ills and then organize and support societies for amelioration and reform? Who knows?

Why do we breed idiots? Is it because we wish to increase taxes to build asylums for them? Who knows?

Why do we breed mosquitoes? Can it be because we wish to have malaria? Who knows?

Why do we breed degenerates? Is it because we wish to increase taxes to build more institutions, and to relieve the miseries they bring? Who knows?

Why do we build and maintain hospitals? "To care for the sick, of course." Oh, yes, but why be sick? Is it because we haven't enough practical sense to keep well? Who knows?

Why do Americans spend five hundred million dollars annually for drugs? Is it because they like their taste, or is it because they have not yet risen out of the drug stage of ignorance? Who knows?

Is civilization an organization which aims to secure the survival of the unfit? Who knows?—Indiana Bulletin.

Digitized by Google

MORBIDITY.

Smallpox.

Only 30 cases of smallpox have been reported so far for the week ending May 27th. Of these 7 were in Hayward and two near Hayward, 4 in Calaveras County and the others were scattered in different parts of the state. San Diego has reported two cases of virulent smallpox in Mexicans who recently came over the border. These cases are in quarantine.

Typhoid.

Nine cases of this disease were reported last week. Two of these were reported from Sacramento and one from each of the following places: Kings County, Culver City, Riverside City, Riverside County, Orange County, Porterville and Los Angeles City.

Epidemic Encephalitis.

Four cases of epidemic encephalitis were reported, two in Los Angeles County, one from Berkeley and one from San Francisco.

Epidemic Cerebrospinal Meningitis.

Los Angeles reported one case and San Francisco one.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending May 27 received by May 31	Week ending			Reports for week ending May 28 received by June 1
	May 6	May 13	May 20		May 7	May 14	May 21	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	4	3	1	2	2	2	2	1
Chickenpox	132	163	164	154	197	187	173	168
Diphtheria	119	126	118	110	132	140	141	151
Dysentery (Bacillary)	5	1	0	0	8	5	4	1
Epidemic Encephalitis	5	5	2	4	2	1	2	1
Gonorrhoea	109	95	60	52	143	57	67	102
Influenza	70	34	21	21	33	40	39	14
Leprosy	1	2	0	0	0	2	0	1
Malaria	4	2	4	0	5	3	4	5
Measles	15	47	33	42	435	452	489	393
Mumps	72	45	75	51	233	181	172	239
Pneumonia	176	63	77	57	83	52	53	47
Poliomyelitis	0	0	2	0	3	1	0	4
Scarlet Fever	91	143	130	105	88	114	138	115
Smallpox	35	37	38	30	116	126	74	93
Syphilis	99	133	113	70	138	56	47	76
Tuberculosis	141	157	206	147	176	116	177	159
Typhoid Fever	11	9	23	9	8	11	19	8
Whooping Cough	114	103	93	74	74	93	77	56

16990 6-22 6000

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 17 JUNE 10, 1922 GUY P. JONES EDITOR

FAIR GROUNDS SANITATION.

County and community fairs, as well as outdoor expositions and carnivals are being held continuously in California from early spring to late fall. In most places, until recently, little or no attention has been paid to the sanitation of the grounds occupied by such fairs and expositions. There is a disposition now, however, upon the part of executive officers of county fairs to maintain the strictest supervision possible over the sanitation of grounds. For the benefit of such persons, in order that they may have a guide to the essentials in sanitation, the California State Board of Health regulations for fair grounds are published herewith. These regulations have been enforced for many years by the California State Board of Health in cooperation with the Sacramento City Health Department with the result that the state fair grounds, where the California State Fair is held every year, are kept in the highest degree of perfection as regards sanitation of grounds, restaurants, eating houses and refreshment stands. This has been accomplished only through the full suport and active cooperation of the directors of the fair, and the secretary, Charles W. Paine.

Wooden holder with hinged cover from which ice cream cones are dispensed in fair ground grandstands. This device protects the ice cream from dust, dirt and flies.

Regulations for the Sanitation of Fair Grounds.

Rule I. A water supply of sanitary quality shall be provided in ample quantity to meet all requirements of the maximum number of persons using or attending any public fair ground in California. Said water supply shall be easily obtainable from its source or from faucets on a pipe distributing system within the grounds.

Rule II. Fly-tight privies, water-flushed toilets or other toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate installations for men and for women shall be provided and they shall be adequate for the accommodation of all persons attending or using the fair grounds.

Rule III. Supervision and equipment sufficient to prevent littering of the ground with rubbish, garbage or other refuse shall be provided and maintained. Fly-tight depositories for such materials shall be provided and conspicuously located. These depositories shall not be permitted to become foul smelling, or

Digitized by Google

unsightly, or breeding places for flies. Contents must be removed at least every 24 hours.

Rule IV. All places where foodstuffs are sold or exposed for sale must be made fiy tight by screening all openings with wire screening of not less than 14 mesh. Adequate facilities for the proper washing of dishes must be provided in all such places. The term "foodstuffs" includes both raw and cooked food, candy and any other food not sold in single service containers.

Rule V. Drinking utensils, unless individual paper cups are used, must be sterilized in accordance with Chapter 744, Acts of 1917. The following methods may be used:

(*a*) Sterilization by steam in an apparatus acceptable to the State Board of Health.

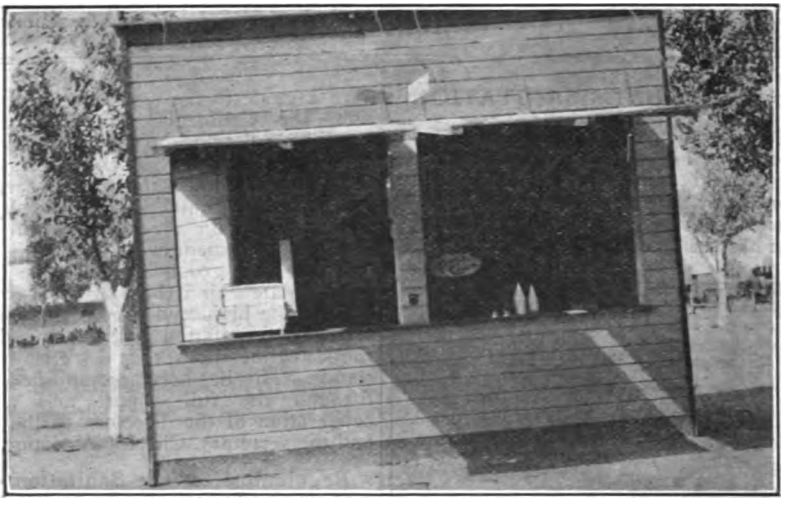
(*b*) Immersion for fully five minutes in boiling water. (To avoid unnecessary breakage it is advised that glasses be placed in cold water and then container heated until the water boils.)

(*c*) Immersion in 5 per cent solution of lye or caustic soda, preferably hot, but not necessarily boiling. To accomplish this a solution of lye is made of a strength of one pound of lye to two and a half gallons of water. Because this solution is irritating to the skin the receptacle should be placed in a wire basket, immersed in the solution for 5 minutes, then the basket carried over to a water bath to remove the lye solution.

Rule VI. All cold drinks must be kept in fly-tight containers, from which the liquid may be removed only by faucets.

State Keeps Its Fair Grounds Clean.

The California State Fair Grounds in Sacramento, during the 1920 State Fair, were kept in the very best of sanitary condition. All soft drinks were kept in covered containers; paper cups were used in dispensing the drinks which were drawn from the containers through spigots. Drinks peddled on the grounds were served only in original containers and straws were supplied by the vendors. Ice cream sandwiches were manufactured on the grounds by machinery. These were sold, together with ice cream cones, in the booths where they were manufactured. Ice cream cones were dispensed on the grand stands and throughout the grounds, only in covered wooden portable containers, thereby protecting them from dust, dirt and contamination. The accompanying illustrations show the construction of these containers.



Stand from which soft drinks and ice cream products are dispensed. All drinks are drawn through spigots unless served in original containers. Note individual paper cups.

Restaurants were housed in permanent buildings which were screened against flies and other insects. An ample water supply was provided and sinks were installed; containers for waste were provided. Waste containers were also distributed throughout the grounds. These consisted of covered metal receptacles provided by the fair management. Refuse was collected daily and removed from the grounds. Used paper cups and straws were placed in covered containers and destroyed.

A sufficient number of toilets for men and women, as well as women's rest

rooms, were provided in permanent buildings. A nursery was established in the women's building where large numbers of children could receive adequate care.

The management of the California State Fair has found that it is good business to provide for the sanitation of the fair grounds. People are not inclined to patronize fairs and expositions where dust, dirt and flies, to say nothing of worse conditions, are present. Local health officers are glad to cooperate with the management of these institutions for the purpose of assisting in the provision of adequate sanitation for all county fairs that may be given in California this year. The State Board of Health is also prepared to give assistance to the management or any officials who may desire help in securing better sanitation of fair grounds.

Dying of "Old Age."

Medical scientists are agreed that the centenarian need not be the extraordinary human phenomenon that he is now. They do not believe that the average "expectation of life" will ever be extended to the century mark unless man's powers of resistance are increased by natural processes not now available or even probable. It is a fact, however, amply sustained by the mortality statistics of various countries, that the average of human life has been for many centuries far below that prescribed by the Scriptural physiologist who fixed it at three score years and ten.

Records kept in Geneva, Switzerland, show that seventeenth century lives averaged a little more than 25 years; in the eighteenth century the average was raised to 33; and the nineteenth century, from 1801 to 1883, gave a record of nearly 40 years. In America the record was a little higher, and at the close of the nineteenth century our average had reached 45 years. Since that time the records show a still farther advance and in 1910 our "expectation" was 51½ years. There is good reason to believe that our lives have been prolonged still more during the last decade.

This result has been achieved not by cure of the ills to which flesh is heir, but by knowing the cause of them and destroying the diseases at their source. In 1793 a yellow fever epidemic caused the death of one-sixth of the population in six and one-half weeks. Before 1900 yellow fever was the most extensively fatal epidemic on the American continent. In that year it was discovered that the "carrier" of yellow fever was a mosquito known to entomologists as Stegomyia. Now there are no more mosquitoes of that genera and there is no more yellow fever.

The ratio of typhoid fever has been reduced from 36 to 100,000 to nine in twenty years. Tuberculosis has decreased 37 per cent in 12 years and is still losing. Little children do not die as they did a quarter of a century ago. In 1900 two babies out of every five died without chance to reach their first birthday. Now the rate is less than one out of five.

Prevention is the panacea for a short life and the best hope for a long one. Prevention is based on knowledge of the causes of our maladies. When we find out what causes influenza and cancer and other "incurable" diseases the average expectation of life will be measurably extended. We may not attain to the patriarchial average but we will cease to call ourselves "old" at 75. When we begin to repair the trivial flaws in the human machine as soon as they manifest themselves our life term will begin to lengthen. Nearly everything is curable in a normal man or woman at its inception, and medical diagnoses are almost infallible at every stage of the disease. It is easier to quench sparks than to extinguish conflagrations. Nobody at the present time is wildly eager to be a centenarian but neither does anybody wish to leave this beautiful earth prematurely. There is little necessity nowadays for dying young—unless we have another war.—San Diego Union.

As the result of a general survey of the examination of the teeth of school children in the first five grades of public schools the astounding fact seems to be that only two children in every hundred have perfect sets of teeth. Certainly time to get busy.—Dental Summary.

The Wabash, Indiana, Dental Society has set aside a half day each month for the free treatment of boys and girls of indigent parents.

Malformations of teeth and jaws are sometimes the cause of deafness. Correcting the trouble often removes the difficulty in hearing.—Dental Summary.

"Short of the discovery of something which would prevent the disease of consumption and cancer, dentistry could do more than anything else to advance preventive medicine, and to improve the health of the community." Mr. F. Dyke-Aeland, M.P. Chairman of the Dental Board.—Dental Practitioner.

Digitized by Google

MORBIDITY.

Smallpox.

The 18 cases of smallpox reported in California last week are distributed as follows: San Diego 1, San Luis Obispo 2, Fresno County 1, Alameda County 1, Stockton 3, Orange County 2, Bakersfield 1, Modesto 2, Sacramento 2, Santa Clara County 2, San Jose 1.

Typhoid Fever.

Typhoid fever is on the increase. The 12 reported cases are distributed as follows: San Bernardino County 1, San Joaquin County 7, Redding 1, Sacramento 1, Riverside 1. The seven cases from San Joaquin County all occurred among persons working in the delta region and drinking raw river water.

Epidemic Encephalitis.

Two cases of epidemic encephalitis were reported last week, one from San Diego and one from San Francisco.

Epidemic Cerebrospinal Meningitis.

San Francisco reported one case of epidemic cerebrospinal meningitis last week.

Poliomyelitis.

San Diego reported one case of poliomyelitis last week.

Botulism.

One case of botulism was reported last week from Alameda County, near Pleasanton, the patient being a man who had just returned from a three day automobile trip. Ne definite history of any likely source was obtained.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending June 3 received by June 6	Week ending			Reports for week ending June 4 received by June 8
	May 13	May 20	May 27		May 14	May 21	May 28	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	2	1	2	2	1	2
Chickenpox	163	164	165	113	187	173	232	194
Diphtheria	126	118	117	106	140	141	163	136
Dysentery (Bacillary)	1	0	0	1	5	4	1	2
Epidemic Encephalitis	5	2	4	2	1	2	1	1
Gonorrhoea	95	60	55	47	57	67	110	68
Influenza	34	21	24	13	40	39	25	13
Leprosy	2	0	0	0	2	0	1	0
Malaria	2	4	0	3	3	4	5	8
Measles	47	33	45	41	452	489	420	317
Mumps	45	74	53	27	181	172	273	193
Pneumonia	63	77	72	54	52	53	52	75
Poliomyelitis	0	2	0	1	1	0	4	3
Scarlet Fever	143	130	115	68	114	138	125	87
Smallpox	37	38	36	18	126	74	110	95
Syphilis	133	113	72	25	56	47	78	77
Tuberculosis	157	206	178	128	116	177	169	96
Typhoid Fever	9	22	11	12	11	19	9	10
Whooping Cough	103	93	81	60	93	77	62	87

16990 6-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 18 JUNE 17, 1922 GUY P. JONES EDITOR

To Keep Beaches Clean.

The city manager of Long Beach believes that keeping the beaches clean during the bathing season is a most important procedure. The city street sweeping crew has recently been assigned to the shore line and all debris has been gathered and burned or otherwise disposed of. Three men will be stationed on the beach during the summer for the purpose of maintaining a high standard of sanitation. Last season this work was divided between the life guards and city prisoners but the results were not entirely satisfactory. It is planned this year to establish small incinerators at convenient locations for the quick disposal of wastes that may accumulate on the beach. Other ocean shore resort cities may well profit by the example that Long Beach is setting in providing for the health and comfort of summer tourists.

Artificial Color and Flavor Must Be Declared.

Soft drink dispensers are required to display signs in their establishments indicating that they use artificial color and flavor in their drinks, if such is the case. In addition, they are required to indicate the use of artificial flavor and color on the menu card at the tables in their places of business. When ice cream, sundaes or drinks are served at tables a menu must be on each table and each article that is artifically colored or flavored must be so indicated with a note in brackets directly beneath the name of the product on the menu. Carelessness about these details has brought many dispensers to grief.

Public Health Is Real Business.

The monetary value of good health is often overlooked. To be sure there are other benefits much more to be desired but nevertheless, good health is good business. In some parts of the country banks will not lend money to an applicant in the rural districts unless he has a sanitary privy at his home and unless his family has been vaccinated against smallpox and typhoid fever. Many business firms will not employ any individual unless he can furnish a certificate of good health. Many sales organizations have turned down applicants for positions on their staffs because of decayed teeth. Many salesmen have lost positions because of offensive breath due to decayed teeth or other correctable defects. It is almost impossible for any individual who presents an unclean personal appearance to obtain employment in any mercantile or clerical line. Good health, both public and personal, pays profits.

Pasteurizing Milk Saves Lives.

Since the California milk law went into effect in 1915 very few cases of milk-borne diseases have been reported. Outbreaks of typhoid fever, due to the use of contaminated milk, are now almost unheard of in California. Before the milk pasteurization law went into effect such outbreaks were of common occurrence. The women of California are largely responsible for this law by which so many human lives are saved each year. The people of California owe a tremendous debt to the women who are responsible for writing this act on the statute books.

Digitized by Google

Limitations of Wassermann Test.

The Wassermann is not a specific test and it is not known what may be the substance in the serum which causes the production of a positive reaction. It is becoming more and more suggestive that a certain drug, that some of the acute infectious processes, and also that certain metabolic disturbances can at times produce a change in the serum which will cause a positive reaction. Thus the Wassermann test has very definite limitations, and in the diagnosis it should be considered a symptom and should be impartially weighed along with the other clinical evidence. In the opinion of Albert Strickler, M.D., published in the Journal of the American Medical Association, the following should constitute the status of the clinical value of the Wassermann reaction as a diagnostic measure:

1. A negative Wassermann test in the presence of definite syphilitic lesions is a possibility in a certain stage of the disease.

2. A positive Wassermann test in the presence of nonsyphilitic disease should not always mean syphilis. It should, however, arouse suspicion to study the patient from every possible angle in an endeavor to explain this positive reaction.

3. While a strong positive reaction in a subject who is not ill, should cause investigation, nevertheless, too great stress is not to be put on it, unless this finding is confirmed by a number of reliable laboratories.

In concluding, Dr. Strickler again exhorts the physician not to rely upon the positive Wassermann alone, but to consider all the symptoms.

Submitting Sanitary Engineering Plans to State Boards of Health.

The importance of installing adequate and efficient plants for the disposal of municipal wastes and for the provision of potable water supplies is unquestioned. The submission of plans for such institutions to state boards of health for approval is almost universal. Of this procedure the editor of "Water Works" says:

"We believe that most sanitary engineers, as well as sanitarians generally, approve of the policy of giving to state boards of health a considerable control over sewerage and water supply systems throughout their states. The men in charge of state boards and their engineers are only human, and may sometimes use poor judgment in making their decisions, be overcautious in preventing the trial of new ideas or exert their powers in matters that do not affect health. But there will be few or none, we believe, to dispute the statement that the general result of state health board control has been of great benefit to the health of the nation.

Sanitary engineers and public officials should therefore give their hearty cooperation to their state health boards, complying with all the regulations, and criticizing only constructively and with a view to improving the service rendered by the board rather than to embarrassing it. This is desirable if only as a matter of policy, since the state board has the authority of the state behind it and can generally enforce its rulings or seriously inconvenience a municipality or company that refuses to act in accordance with them.

Many misunderstandings and hard feelings have resulted because municipal officials have been ignorant of the fact that a state board must be consulted in matters pertaining to water works or sewerage. Even engineers have been known to be ignorant of this, while others assume that they are under no obligations in such matter until receiving direct orders from the board."

Whooping Cough Is Serious Disease.

Whooping cough is one of the most serious of the communicable diseases and it often leaves after-effects that may be extremely disastrous in later life. The health officer of Banning is active in securing closer observance of the laws and regulations relating to the control of this disease. In the Banning Record, under "health department news," the following was published recently:

"It is imperative that all cases of whooping cough be reported to the city health officer, whether or not a doctor may be in attendance. This is required by law, in order to protect those of tender age and to prevent the spread of disease.

Contrary to current reports, there are only three cases of whooping cough at the present time, and there is little danger of spreading the disease if cases suspected are reported early.

Whooping cough is infectious by contact and in the early stage of coughing can be given to others. Therefore, be suspicious of any persistent cough and guard against all unnecessary exposure to children who have not had whooping cough.

Do not forget to report to the city health officer."

Digitized by Google

What Public Health Has Done For California.

The spectacular reduction in the tuberculosis, typhoid and infant mortality rates show definitely the progress that has been made in the promotion of public health in California. The reduction in the typhoid mortality rate is a matter of common knowledge; in fact, typhoid has become so rare that the American Medical Association has frequently referred to it as a vanishing disease, and so seldom has it occurred in some sections of California that no inconsiderable number of practitioners have never been afforded the opportunity of seeing cases of typhoid in their practices. If the same typhoid fever death rate that prevailed in Cailfornia in 1906 had prevailed in 1921, there would have been 1159 deaths from this disease instead of the 147 that actually occurred. This reduction represents the saving of no less than 8000 lives in California since 1906. Notwithstanding the fact that this state has vastly greater difficulty in providing pure water for the use of its citizens, there are but three other states in the union having lower typhoid fever mortality rates.

The tuberculosis mortality rate has been reduced from 235.7 per hundred thousand in 1906 to 151.2 per hundred thousand in 1921. This represents a saving of no less than 14,000 lives during this period. Our statistics show that more than ten per cent of all deaths from tuberculosis in California are of persons who have lived in the state less than one year. In spite of the continued and persistent migration of tuberculosis patients to California, this excellent record has been achieved.

The California infant mortality rate in 1906 was 228. In 1921 the same rate was 66.8. This means that in 1921 there were but 66 deaths of infants under one year of age in California to every one thousand live births. The State of Washington is the only other state in the Union having a lower infant mortality rate than California. If all eastern infants could be brought to this state until this dangerous period of their lives were passed, the results in national life-saving would be most astounding.

The saving of these thousands of lives also shows that the average human life in California has definitely lengthened during the past decade. This extension in longevity is greater for California than is the extension in longevity for the United States. Longevity is a valuable index to the public health of any state. In California it shows clearly that there are a large number of factors at work in the provision of more extensive preventive measures, in the improvement of living conditions, in the development of community interest and spirit, and in the provision of better facilities for the promotion of general public health. California public health authorities can point with pardonable pride to the accomplishments of the past decade. The results achieved indicate that still greater accomplishments may be expected in the decade to come.

Mosquito Season Is Open; Go Get 'Em.

The annual question arises—"Have you a little mosquito in your home?"

Those who have lived in this community, excepting those who live in the vicinity of a slough or stream, seem inclined to believe that mosquitoes are becoming fewer and fewer year by year. This seems to point to the conclusion that with intensive measures this miserable pest might be virtually eliminated. The mosquito, they tell us, was virtually stamped out in the Canal Zone, by the federal health service. Why could it not be here?

Probably no such united effort as would be required to exterminate the mosquito could be organized, outside of a government health or war department, but much can be done by individuals to lessen the number of mosquitoes.

Every citizen should be careful—and this is the time of year to exercise the greatest care—that there are no stagnant pools of water about his home. Every effort should be made to rid marshy districts of pools in which mosquitoes would be likely to breed.

If low places are drained or filled in there is no chance for mosquitoes to breed. If draining is found impracticable, the surface of the water should be covered with crude oil. This will prevent the "wigglers" from developing into adult mosquitoes.

If every citizen would interest himself—or herself—sufficiently to carry out these suggestions, it would not be many seasons before the mosquito would be virtually eliminated as a pest and menace to health and happiness. There may be no united campaign put on, but if individuals will resolve to do their share much good can be accomplished.—Hanford Journal.

An electric toothbrush has been invented in America. This, of course, does away with the old custom of sending one's teeth to the local power station to get them charged.—Dental Practitioner.

Digitized by Google

MORBIDITY.

Smallpox.

The number of cases of smallpox reported to date for the week ending June 10th is 37. These cases are distributed as follows: Bakersfield 1, Chico 1, Fullerton 1, Hayward 3, Imperial County 2, Kern County 3, Livermore 5, San Benito County 7, San Francisco 2, San Jose 10, Santa Clara 1, Stockton 1.

Typhoid.

Sixteen cases of typhoid fever were reported for the week ending June 10th. Five of these cases were reported from San Joaquin County, two from Banning and one from each of the following localities: Petaluma, Imperial County, San Francisco, San Fernando, Fresno County, Riverside City, Oakland, Sanger, Calexico.

Cerebrospinal Meningitis.

San Francisco reported one case of this disease last week.

Epidemic Encephalitis.

Two cases of epidemic encephalitis were reported last week, one from Santa Clara County and one from San Francisco.

Botulism.

San Luis Obispo County reported one case of botulism last week. The source of this infection was found to be home canned string beans. The portion of the beans which were not eaten were thrown to the chickens, thirty of which died after eating the beans.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending June 10 received by June 13	Week ending			Reports for week ending June 11 received by June 15
	May 20	May 27	June 3		May 21	May 28	June 4	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	1	0	1	0	0	0	0
Cerebrospinal Meningitis	1	2	4	1	2	1	2	6
Chickenpox	164	165	190	131	173	232	199	185
Diphtheria	118	117	154	112	141	163	149	171
Dysentery (Bacillary)	0	0	5	3	4	1	4	3
Epidemic Encephalitis	2	4	2	2	2	1	2	5
Gonorrhoea	60	55	118	43	67	110	73	80
Influenza	21	24	17	9	39	25	14	21
Leprosy	0	0	1	0	0	1	0	1
Malaria	4	0	3	2	4	5	8	2
Measles	33	45	47	37	489	420	330	310
Mumps	74	53	68	32	172	278	208	197
Pneumonia	77	72	103	39	53	52	80	53
Poliomyelitis	2	0	2	0	0	4	3	1
Scarlet Fever	130	115	102	69	138	125	91	80
Smallpox	38	36	31	37	74	110	97	83
Syphilis	113	72	78	27	47	78	78	116
Tuberculosis	206	178	244	81	177	169	120	171
Typhoid Fever	22	11	15	16	19	9	10	20
Whooping Cough	93	81	103	76	77	62	90	82

16990 622 5M

O

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 19 JUNE 24, 1922 GUY P. JONES EDITOR

Botulism.

During the last two months three outbreaks of botulism have been reported to and investigated by the State Board of Health, with three fatalities and one recovery.

The first of these cases was reported from Livermore in the latter part of May. The man, who lived in Pleasanton, was a carpenter by trade, and had made a trip to San Luis Obispo County, lasting three days. The next day after his return he complained of "lameness of the eyes" but it was considered to be a result of the long automobile trip. The next day he had definite "double vision" with lowered eyelids; some difficulty in swallowing and in speaking was noted, and a general lassitude and weakness were marked. The third day speech and swallowing were practically impossible and the fifth day the patient died. There was no pain at any time, nor did the patient lose consciousness. The history of this patient is typical of the majority of botulism cases. The three cardinal symptoms which should always awaken the suspicion of botulinous poisoning are double vision, drooping eyelids, and difficulty in swallowing and speaking. The causative factor in this man's diet will probably never be known as we were handicapped in our investigation by the elapsed time since his death. It is assumed, however, that the material was eaten while on the automobile trip, probably on the last day.

The second of these cases occurred at Templeton, and is one of the few ones in which recovery has taken place. A girl was warming up some home canned string beans and noticed a peculiar odor. She took out several small pieces and tasted them. Finding that they "did not taste right" she removed most of the material from her mouth, swallowing a small portion, however. The rest of the beans were thrown to the chickens. The next morning fifteen of these showed marked signs of "limberneck" and by the second day, thirty had died. The third day the girl began to show typical symptoms of the disease which ran the usual course, but fortunately succeeded in recovery.

The third recent outbreak at Watsonville resulted in the death of two men. A liberal quantity of homemade chili sauce was eaten on abalone steaks and inside of forty-two hours one man was dead and the second dying. This material was found to be of remarkable potency when tested in the laboratory as had been indicated in the clinical cases. In this outbreak a new material, namely, chili sauce, was added to the growing list of foods which have proven themselves as possible conveyors of the botulinus toxin.

The heat-resisting spores of bacillus botulinus are found practically everywhere, when they are sealed in a can or jar of food material which was not properly sterilized at the time of canning, the absence of air and presence of food favors the growth of these germs; in this growth they form a toxin or poison which is often in an extremely concentrated form, the least taste of which may mean death.

As a safeguard against botulinus poisoning, housewives should thoroughly boil all home-canned vegetables and meats for at least thirty minutes before tasting or eating. It is also recommended in canning the above articles that they be cooked in a "steam pressure cooker" which will reduce the customary loss from spoilage, as well as safeguard the lives of those who subsequently consume these articles of food.

A Course of Health and Preventive Medicine.

A special program of discussion of health and education will be given within the next few weeks, at the San Francisco State Teachers College, under the executive direction of Dr. Ray Lyman Wilbur, President, Stanford University; Dr. W. M. Dickie, Secretary, California State Board of Health; Dr. William Palmer Lucas, Professor of Pediatrics, University of California Medical School; and under the leadership of Dr. Haven Emerson, Professor of Public Health Administration, Columbia University, New York.

This course is to be given for teachers, nurses, social workers and interested individuals as a part of the Summer Session at the State Teachers College. It will open June 26th and close on August 4th. The hours will be 4 to 5:30 every afternoon, except on Saturdays when the hours will be from 10:00 a.m. to noon. There will be no fees or other expenses for attendance.

The course will consist of lectures and demonstrations and will show the general educational value of the subject of health and preventive medicine and give specific descriptions of the preventable diseases and the means used for their control by the public and private services and other agencies. There will be a discussion on each subject presented, followed by a summing up and resumé by Dr. Emerson and Dr. Lucas.

For further information address inquiries to the Registrar, Miss Clara Crumpton, State Teachers College, Waller and Buchanan streets, San Francisco, Cal.

I. Preventable Diseases. Two days, June 26 and 27.

Dr. Haven Emerson will discuss preventable diseases as a great class of clinical entities, giving a picture of the problem in its entirety before considering it in its separate sections.

II. Special Diseases, Especially Those Affecting Children and Those Most Prevalent in California. Nine days, June 28 to 30, July 1 to 8 (July 4 holiday).

Subjects and Leaders in Discussion:

1. Communicable Diseases of Childhood.
   (a) Diphtheria.
   (b) Measles.
   (c) Scarlet Fever.
   (d) Whooping Cough.
   Dr. E. C. Fleischner, Professor of Pediatrics, University of California Medical School.
2. Small Pox and Vaccination.
   Dr. John Force, Associate Professor of Epidemiology, University of California.
3. Tuberculosis.
   Dr. Philip King Brown, President, California Tuberculosis Association; Dr. George Evans, Specialist in Tuberculosis.
4. Protozoal and Parasitic Infections.
   Dr. C. A. Kofoid, Professor of Zoology and Assistant Director, Scripps Institute for Biological Research, University of California.
5. Malaria.
   Dr. George Ebright, Assistant Clinical Professor of Medicine, University of California Medical School; President, State Board of Health.
6. Rabies.
   Dr. Karl F. Meyer, Acting Director, Hooper Foundation for Medical Research.
7. Botulism.
   Dr. Ernest Dickson, Associate Professor of Medicine, Stanford University School of Medicine.

To be summed up and discuscussion led by Dr. Haven Emerson and Dr. William Palmer Lucas.

III. Disease and Its Biological and Social Aspect. Four days, July 10 to 13.

Subjects and Leaders in Discussion:

1. Bacteriology and Immunity.
   Dr. Karl F. Meyer.
2. Pathology and Results of Disease on Tissues.
   Dr. William Ophuls, Professor of Pathology and Dean of Stanford University School of Medicine.
3. Public Health Point of View of Disease.
   Dr. John N. Force.
4. Social Problems and Their Relationship to Public Health.
   Mr. Chester Rowell, Publicist; Mr. Will French, Chairman, State Industrial Accident Commission.

To be summed up and discussion led by Dr. Haven Emerson and Dr. William Palmer Lucas.

IV. Nutrition. Six days, July 14 to 20.

Subjects and Leaders in Discussion:

1. The Scientific Standpoint in Nutrition.
   Dr. A. F. Morgan, Associate Professor of Household Science, University of California.
2. Organization and Promotion of Nutritional Teaching in the Public Schools.
   Miss Maude I. Murchie, State Supervisor of Teacher-Training Courses in Home Economics.
3. Deficiency Diseases from the Standpoint of Experimental Work, *i. e.*, Rickets, etc.
   Dr. Martha R. Jones, Ph.D., Research Instructor in Pediatrics, University of California Medical School.
4. Malnutrition in Children, Its Causes and Remedies, emphasizing especially the positive point of view, *i. e.*, prevention; the conditions in which excess or insufficient food forms the cause, and also other factors that play a part in malnutrition, *i. e.*, hygiene, sleep and exercise.
   Dr. Harold K. Faber, Associate Professor of Medicine (Pediatrics), Stanford University School of Medicine; Dr. Langley Porter, Clinical Professor of Pediatrics, University of California Medical School; Dr. Guy Millberry, Dean, University of California College of Dentistry.

Digitized by Google

5. The Nutrition Worker and Teacher of Domestic Science.
   Mrs. G. W. Nigel, in charge of Nutritional Classes in San Francisco Public Schools.
   Miss Ellen M. Bartlett, Supervisor of Home Economics, San Francisco Public Schools.
6. The Standpoint of Physical Education, Play, Exercise, etc., upon Malnutrition.
   Miss S. E. Hagelthorn, Head of Department of Physical Education, San Francisco Public Schools.
   Mr. Christian Brocar, Director, Department of Physical Education, Spokane, Washington.
7. Health Teaching of Malnutrition.
   Mrs. John Collier, Representative of Child Health Organization of America, and San Francisco Tuberculosis Association.

V. Psychology and Mental Conditions of Childhood. Four days, July 21 to 25.

Subjects and Leaders in Discussion:

1. The Intelligent Quotient, Retardation and the Super-Child.
   Dr. Olga Bridgman, Associate Clinical Professor of Abnormal Psychology, University of California Medical School.
   Miss Meta Anderson, Director of Binet Classes in School Department, Newark, New Jersey.
2. Teaching the Backward Child.
   Miss Louise Lombard, Supervisor of Special Classes for Exceptional Children, San Francisco Public Schools.
3. Modern Methods of Teaching Children of Various Mental Capacities.
   C. E. Rugh, Professor of Education, University of California.
4. Mental Conditions in Childhood.
   Dr. Eva C. Reid, After-Care Physician for State Hospitals, Instructor in Psychiatry, University of California Medical School.
   Dr. Harold W. Wright, assistant in Psychiatry, University of California Medical School.
   To be summed up and discussion led by Dr. Haven Emerson and Dr. William Palmer Lucas.

VI. Public Health Education. Four days, July 26 to 29.

Subjects and Leaders in Discussion:

1. Methods for Teaching Health in State Teachers Colleges.
   Miss Mary Preston, Teacher of Science, State Teachers College, San Francisco.
2. Methods for Interesting School Teachers and School Children in Health.
   Mrs. John Collier.
3. Experience in Carrying Out Health Methods in Schools.
   Mrs. M. M. Fitz-Gerald, Principal, John Swett School, San Francisco, and Mrs. G. W. Nigel.
4. Point of View of the Board of Education, San Francisco.
5. From the Public Health Point of View.
   Dr. W. M. Dickie, Secretary, State Board of Health.
   Dr. William Hassler, Secretary, San Francisco Board of Health.
   Dr. Adelaide Brown, Member, State Board of Health.
   To be summed up and discussed by Dr. Haven Emerson and Dr. William Palmer Lucas.

VII. Federal, State and Local Health Service, and the Function and Objective of the Private Health Agencies. Final Week.

The community, especially the school as a clinical entity, to be studied, diagnosed, treated and educated in health.

Dr. C. L. Alsberg and Dr. Davis, members of the Food Institute at Stanford University, will give talks on national and international problems of nutrition and population as they affect the problems of health. If Dr. Alonzo Taylor is in California he will also participate in the conferences of the final week.

General discussion summing up previous discussions and subjects which have been left partly unfinished, and the answering of questions which have been raised.

Discussion is to be led by various members who have held discussions previously.

General point of view to be emphasized by Dr. Haven Emerson and Dr. William Palmer Lucas.

Requirements for Fresh Air.

Professor C. E. A. Winslow of Yale University says: "Fresh air has four qualities. Fresh air, first, is cool air. Air that is above 69° F. is always harmful except for very old people. Whenever the indoor temperature rises above this point, the circulation is upset, one tends to become dull, languid and inefficient, and the delicate membranes of the nose and throat are injured.

"Secondly, fresh air is moving air. Still air blankets the body and produces a deadening, numbing effect. Air in gentle motion stimulates the skin.

"Thirdly, fresh air is moderately moist air. Either very dry or very humid air is harmful.

"Lastly, fresh air is variable air. Slight changes in temperature and humidity are stimulating and wholesome for the body."

Gratuitous Medical Advice by Amateurs.

It seems strange that medical advice should be so freely given by people who know absolutely nothing about medicine and so credulously received. Why it is that on medical subjects, the layman is so ready to contradict the opinion of a specialist it is rather hard to say. It may be due to the mere fact that on most other subjects the layman knows more than he does of medicine. The definition of an argument that it consists of two persons talking about something of which neither knows anything may to a certain extent explain the condition here.—The Nation's Health.

Negligence, indifference, ignorance, false economy—not the Lord—make the death rate large.

Digitized by Google

MORBIDITY.

Smallpox.

Smallpox is slightly on the increase again—the 61 cases reported for last week were distributed as follows: Oakland 4, Livermore 37, Imperial County 2, Sacramento 2, Los Angeles 4, San Jose 4, the remainder scattered throughout the state.

Typhoid Fever.

Eighteen typhoid cases were reported last week—they are as follows: Imperial County 2, Los Angeles 3, Pasadena 2, Orange County 3, Riverside 1, Hemet 1, San Francisco 2, Sonoma County 1, Petaluma 1, Santa Rosa 1, Tulare County 1.

Epidemic Encephalitis.

Two cases of epidemic encephalitis were reported from Los Angeles City.

Epidemic Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis were reported last week—one from Los Angeles, one from San Francisco, and one from Merced County.

Poliomyelitis.

Los Angeles City reported two poliomyelitis cases last week.

Bacillary Dysentery.

To date, 22 cases of bacillary dysentery have been reported from East San Diego. All of these cases were found to have taken milk from the same dairy.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending June 17 received by June 20	Week ending			Reports for week ending June 18 received by June 22
	May 27	June 3	June 10		May 28	June 4	June 11	
Anthrax	0	0	0	0	0	0	0	0
Botulism	1	0	1	0	0	0	0	0
Cerebrospinal Meningitis	2	4	1	3	1	2	6	3
Chickenpox	165	190	168	119	232	199	191	117
Diphtheria	117	154	165	139	163	149	172	115
Dysentery (Bacillary)	0	5	11	9	1	4	3	1
Epidemic Encephalitis	4	2	2	2	1	2	5	2
Gonorrhoea	55	118	114	63	110	73	93	47
Influenza	24	17	13	3	25	14	22	26
Leprosy	0	1	0	0	1	0	1	0
Malaria	0	3	2	1	5	8	4	5
Measles	45	47	50	11	420	330	326	160
Mumps	53	68	50	39	273	208	212	113
Pneumonia	72	103	70	50	52	80	57	37
Poliomyelitis	0	2	0	2	4	3	1	2
Scarlet Fever	115	102	91	77	125	91	89	65
Smallpox	36	31	61	61	110	97	96	73
Syphilis	72	78	119	71	78	78	116	143
Tuberculosis	178	244	146	123	169	120	177	144
Typhoid Fever	11	15	29	18	9	10	22	16
Whooping Cough	81	103	99	104	62	90	86	76
	1031	1287	1192	895	1841	1558	1679	1045

16990 6-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 20 JULY 1, 1922 GUY P. JONES EDITOR

VITAMINS.

Truth Versus Fiction.

By M. E. JAFFA, M. S.,

Consulting Nutrition Expert, California State Board of Health.

In the edition of the Journal of the American Medical Association, June 24, 1922, appears an exceedingly interesting and timely article by McCollum and Simmonds on the potency of commercial vitamin preparations. The findings of these investigators are so important and at the same time of such practical value that it would appear pertinent to present herewith a brief resumé of this article.

Six of the well known, well advertised, commercial preparations were examined for their potency as sources of water soluble B or vitamin "B", the antineuritic vitamin. Concerning the labels, we find the statement:

"An examination of the labels on the containers of the vitamin preparations which we have studied suggests at once that their promotion for therapeutic purposes represents a repetition of the 'patent medicine' propaganda which has for so long been inflicted on the American public. Thus, the same list of general symptoms that were listed on the sarsaparillas, blood purifiers, kidney remedies, remedies for female weaknesses, etc., reappear as conditions for which the vitamin preparations are said to be specific remedies."

On the label of one of the bottles is noted:

"Dose for adults, two tablets after each meal, preferably *with a glass of milk*."

It goes without saying that if a person did not include milk in his diet and then for a month consumed a glass and a half of milk a day that at the end of that period he would be greatly improved, in that, milk is one of the best sources of *all* nutrients including vitamins "A" and "B". Such a label is an insult to milk.

According to McCollum, young rats were fed on a basal diet sufficient for a certain period, after which, if proper additions of vitamin "B" were not made the animals would decline, cease to grow, and later develop symptoms of polyneuritis or beriberi. When the necessary additions consisted of some food rich in vitamin "B" as wheat germ, to the extent of 4 per cent of the total food mixture, the rats grew normally. When, however, the addition consisted of 3 times the recommended dose* for human consumption, of the vitamin preparations, the rats declined each and every time. In some instances though the feeding of excessively large doses of the commercial vitamin product prevented decline but did not produce as good results as were obtained with 4 per cent wheat germ.

The investigators state with reference to the nature of the claims set forth on the labels, the following:

"The claims set forth on the labels of the medicinal values of these preparations are extravagant and misleading. They do not contain the vitamin 'B' in concentrated form as they are represented to do. The marketing of these preparations represents an attempt, and unfortunately a successful one, to substitute a commercial vitamin propaganda for the nefarious 'patent medicine' business which the American Medical Association has done, during the last twenty years, so much to suppress for the protection of the public. The drug store is not the place to secure vitamins."

*"In calculating the dosage of vitamin tablets in these experiments we assumed that the dosage recommended by the manufacturer applied to a human subject of 70 kg. of body weight. The dosage for the rats was calculated on a corresponding weight basis."

Digitized by Google

These studies tend to emphasize the fact that *the best carrier of vitamins is food* and *not medicinal preparations.*

If the diet includes, as it should, meat, *milk, eggs, fresh vegetables and fruits* in addition to the cereals, the vitamins, as well as other nutrients, will be furnished in ample quantities and in *their best form.*

Rural Sanitation a Big Problem.

In an address before the health officers of New York, assembled in Saratoga Springs recently, Dr. Stanton P. Hull, a member of the Public Health Council, made the following remarks, which are applicable in California as well as in New York:

"Sanitation in the rural communities is a very great problem and can only be improved to any great extent by the education of the people and a desire for a better and more comfortable living. It requires publicity and propaganda rather than actual detailed instruction of the individual. For example, the public must be informed that clean water and adequate sewerage are necessary for the well being of the community and that it should supply the requisite funds but the public does not require the detailed information necessary to an individual as in the case of the prevention of tuberculosis.

Everyone will admit that health education among children of school age is of supreme importance for the welfare of future generations. It is necessary to emphasize health teaching in the school by the creation of courses in sanitary science and hygiene by competent instructors, and by a continuous process throughout the entire school course. To bring this about it is necessary that the health and educational authorities cooperate. The instruction of adults is more difficult although if the children are properly taught and interest is aroused the matter of informing parents will be greatly simplified."

Do We Half Live and Half Work?

That the average man and woman in the United States today is only half living and is not doing half of the work nor getting half of the joy from work and life that the human being is capable of getting, is the opinion of Dr. Irving Fisher, of Yale University. In a study that he has made of rural health and national well-being, he finds that only something like 1 per cent of people are really well and free from impairment. He says: "What would we think if 99 per cent of a dairy herd or a flock of sheep were found impaired?"

Interpreting this low state of physical health in terms of what it means to the individual, the writer says: "It means that we are losing a large part of our rightful life, not only by death itself, which cuts off many years we might have lived, but also from disease and disabilities which are not fatal but which cripple the power to work and mar the joy of living."

As to what this state of physical inefficiency means to the producing power of this country, the writer again says: "We may assume that on the average for every death per annum there are two persons sick during the year. This makes about 3,000,000 people constantly lying on sick beds in the United States, of which, on the most conservative estimate, at least half need not have been there. If we translate these preventable losses into commercial terms, we find that, even by the most conservative reckoning, this country is losing over $1,500,000,000 worth of wealth-producing power every year.

"Personally," says Professor Fisher, "I believe it can be shown that the chief cause of this degeneration is the neglect of individual hygiene, partly from ignorance, partly from indifference, partly from sheer helplessness. The degeneration of our bodies follows a degeneration of our habits. The cure for the degenerative disease is more personal hygiene—more scientific habits of daily living."—*North Carolina State Board of Health Bulletin.*

Japan Maintains School Children's Health.

More than thirty years ago Japan came to the realization that the health of her people was the nation's main asset and that her ability to maintain her position among the countries of the world rested in the physical strength of her subjects. She immediately began to build up, conserve and strengthen her fighting resources. One of her first acts of preparedness was the inauguration of an extensive and comprehensive system for the medical inspection of school children. The progress that Japan has made in the past thirty years is too evident to make comment necessary. It is certain, however, that the inspection of school children that began so many years ago and the correction of physical defects constitute no small factor in placing Japan among the progressive nations of the world.

Digitized by Google

Labeling of Imitations.

The Food and Drugs Act provides that an article shall be deemed misbranded "If it be an imitation of * * * another article." The proviso to the fourth paragraph of this section states "That an article of food * * * shall not be deemed to be * * * misbranded * * * in the case of articles labeled, branded, or tagged so as to plainly indicate that they are * * * imitations and the word * * * imitation * * * is plainly stated on the package in which it is offered for sale." The law is clearly mandatory, therefore, that imitation products be labeled with the word "imitation," and in addition with some statement plainly indicating them to be imitations, such as a declaration of the ingredients giving the products their principal characteristics. No alternative method of labeling is provided under which imitation products may be sold.

There is a growing practice in certain industries of substituting the word "artificial" or terms such as "artificially flavored and colored" for the word "imitation," as provided by the law. This is particularly true of the beverage industry. For example, a so-called strawberry soda made with imitation flavor, citric acid, and red color is an imitation product and should be plainly labeled with the word "imitation," together with a statement plainly indicating it to be an imitation, such as a declaration of the presence of citric acid, artificial color, and artificial flavor.—Service and Regulatory Announcements No. 27. Bureau of Chemistry.

Visual Defects in Schools.

The value of school medical service to the community is nowhere better illustrated than in the care of the eyes of young children, states a recent editorial in the Lancet. In Bristol, out of 1,452 children for whom spectacles were prescribed, in only five cases did the children fail to obtain them, but it is pointed out that in the case of squint, which affects 2 per cent of the school population, school inspection comes too late for corrective measures as by the time the child has reached school age in a large proportion of cases the squinting eye has already become amblyopic, and there remains to be devised some effective way of getting squinting children of less than school age under treatment.

It is recommended that for statistical purposes the term "defective vision" be defined. The fact that from Bristol 4.41 school children were reported as having defective vision, while in Kent the number of children affected was reported as 571, indicates a wide difference in standards of examination. When we read that in cases of eye-strain 60 per cent were due to hyperopia and 20 per cent to hyperopic astigmatism, it becomes important to determine the proportion of hyperopia to the total power of accommodation which is considered sufficient to cause eye-strain, and what is the minimum amount of astigmatism in children which calls for correction. School furniture and school lighting come in for their share of criticism as causing eye disease. Undoubtedly faulty postures favor myopia, as do positions requiring school children to face the source of light.—The Nation's Health.

Seattle's Low Mortality From Infant Diarrhea.

Seattle has the lowest death rate of any city in the United States with 250,000 population or over. Being a newer city, it has the opportunity to profit by the mistakes made in housing and sanitation in older communities. As a result there is no congestion, and no slums exist. The death rate among infants is very low, due in part to an even, equitable climate such as prevails on the coast strip west of the Cascade range from northern California to southeast Alaska, but also due in a large measure to a concerted effort to better conditions controlling milk supplies, and educate the public by means of literature, etc., on child hygiene. An inspiring example of what Seattle has accomplished by concerted effort in this field is the striking reduction in the death rate from diarrhea and enteritis under two years, which fell from 37.1 per 1000 births in 1905 to 4.3 per 1000 births in 1919.—John D. Manning, M.D., *Mother and Child.*

Personal health can not be maintained in the highest degree without good teeth.

Most disease germs enter the body through the mouth. Keep the mouth clean.

A brush in the mouth is worth two on a shelf.

An ounce of brushing is worth a pound of promises.

A toothbrush in need is a friend indeed.

Good teeth are as precious stones in the eyes of those who have them not.

A clean, healthy mouth is good life insurance.

Digitized by Google

MORBIDITY.

Smallpox.

Smallpox dropped suddenly last week: only 25 cases have been reported; this low figure was reached only twice in the past ten months. Of last week's cases 6 were from San Jose, 5 from Fullerton, 5 from Livermore and the remainder were scattered.

Typhoid Fever.

The 17 typhoid cases reported last week were distributed as follows:—Oakland 1, Kern County 1, Los Angeles County 1, Los Angeles 3, Pasadena 1, Pomona 1, Sacramento 1, East San Diego 1, San Joaquin County 2, Stockton 4, Sonoma County 1.

Epidemic Encephalitis.

Piedmont reported 1 case of epidemic encephalitis last week.

Epidemic Cerebrospinal Meningitis.

Two cases of epidemic cerebrospinal meningitis were reported last week, one from Alameda and one from Los Angeles.

Poliomyelitis.

One case of poliomyelitis was reported last week from Tulare County.

Botulism.

Two cases of botulism occurred in Santa Cruz County recently, the dates of onset for both cases being June 16. The source was determined as home canned chili sauce. Both of these cases terminated fatally, one death occurring within 36 hours after onset, the other the following day, indicating the unusual potency of the toxin.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922 Week ending June 3	June 10	June 17	Reports for week ending June 24 received by June 27	1921 Week ending June 4	June 11	June 18	Reports for week ending June 25 received by June 29
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	1	0	2	0	0	0	0
Cerebrospinal Meningitis	4	1	3	2	2	6	3	2
Chickenpox	190	168	147	126	199	191	132	85
Diphtheria	154	165	160	137	149	172	126	107
Dysentery (Bacillary)	5	11	14	3	4	3	1	3
Epidemic Encephalitis	2	2	2	1	2	5	2	0
Gonorrhoea	118	114	71	67	73	93	51	50
Influenza	17	13	6	3	14	22	27	10
Leprosy	1	0	0	0	0	1	0	0
Malaria	3	2	1	3	8	4	5	9
Measles	47	50	25	45	330	326	265	126
Mumps	68	50	56	55	208	212	124	34
Pneumonia	103	70	56	49	80	57	39	37
Poliomyelitis	2	0	2	1	3	1	2	5
Scarlet Fever	102	91	90	80	91	89	71	87
Smallpox	31	61	62	25	97	96	76	75
Syphilis	78	119	72	97	78	116	43	78
Tuberculosis	244	146	142	99	120	177	162	95
Typhoid Fever	15	29	27	17	10	22	19	19
Whooping Cough	103	99	114	101	90	86	80	66
	1287	1192	1050	913	1558	1679	1228	888

16990 7-22 5M

O

CALIF E PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 21 JULY 8, 1922 GUY P. JONES EDITOR

Isolation, Its Value and Limitation.

Charles V. Chapin, M.D., Superintendent of Health, Providence, R. I., the dean of American health officers, whose writings are the safest and sanest of all writers on public health subjects, recently spoke upon the subject "Isolation, Its Value and Limitation," before the Canadian Public Health Association. Whatever Dr. Chapin writes deserves recognition. Regarding the limitation of isolation, his remarks in part are as follows: "What is needed is not more rigorous isolation, but the isolation of more persons. Indeed, many of the restrictions at present placed upon families afflicted with contagious disease might be very much lightened, though this can not be done without very much more careful discriminating work by the health department officials. I am firmly convinced that this ought to be done, for it is certain that nothing so favors the concealment of mild cases and general antagonism to the health department as burdensome regulations. As in maritime quarantine, so in home control, a sieve is safer than a dam. The most stringent quarantine for the family of the patient which I ever saw was in a certain American city, which I once visited during the height of an outbreak of diphtheria, and I never saw a greater prevalence of the disease, a prevalence which had been increasing while the restrictive measures were in force.

Of all health regulations perhaps none are more annoying to the family than the restrictions placed upon school attendance. I have often wondered if our restrictions are not unnecessarily stringent. If a constant supervision of the home is maintained would it not, on the whole, be better to let the immunes from infected homes attend school? This is now commonly done in measles, might it not be done in scarlet fever, diphtheria, mumps and whooping cough? It would, of course, be necessary that evidence be procured of a previous attack or that some biologic test be applied to determine immunity, as in dinhtheria. As for German measles and chickenpox, the less done with them the better.

One common health department regulation which is felt by those affected to be very onerous, but which really accomplishes little, is the hard and fast rule that the funerals of all who have died of contagious disease must be strictly limited to the family. This rule is not based on sound reasoning, but is merely a relic of the old time theory that dead bodies breed disease. If the surviving family are all noninfectious, as can be determined in a large number of instances, the funeral may perfectly well be public and at the home, or in church, as preferred. Church funerals have been most objected to, but, really, they are the least dangerous. Much greater liberality in the regulation of funerals could safely be permitted with a little care on the part of the health officer, and it would teach people that the danger is from the quick and not from the dead.

If we are to have better results in the future from isolation and quarantine, it seems to me that our efforts should be directed to:

1. A more vigorous search for foci of infection.

2. A better supervision of cases and contacts.

3. Securing better cooperation by making the restrictive measures as lenient and as effective as possible."

Digitized by Google

Mexico May Celebrate Jenner Day.

It is reported that the Republic of Mexico may soon have a new national holiday to be called "Jenner Day" in honor of the discoverer of vaccination for smallpox. A number of Mexican physicians and health officers in the northern part of the republic are working to secure the establishment of the new holiday. Dr. Frederico Cota, health officer of Mexicali, is responsible for the suggestion. During the recent epidemic of smallpox in Mexicali, just across the border, Dr. Cota has worked incessantly. Hundreds of Mexicans have died of smallpox in Mexicali and vicinity. At one time the situation was so serious that the most extreme measures were necessary. At the present time a fine of $25 is imposed upon all Mexicans living in Mexicali who refuse vaccination by the public health authorities.

Dentists of Nation to Meet in Los Angeles.

The National Dental Association will hold its annual convention in Los Angeles July 17th to 21st, inclusive. It is estimated that at least 6,000 dentists and their families will attend the meeting. In addition to the section meetings on technical dental subjects an exhibit for the general public has been arranged. The widespread campaign of education for teaching the importance of good teeth in the maintenance of a healthy body will be reflected in the exhibits. The problem of child nutrition, both prenatal and postnatal, and its relation to the teeth will be presented in a thorough and complete display. Exhibits from the large industrial, institutional, school, state and public clinics in all parts of the country will be brought to Los Angeles for this convention. Competent lecturers will be present to explain the exhibits and to talk upon dental hygiene in its relation to the public health. A large attendance of public health workers is expected. The general public is also invited to see these exhibits.

Promoting Mouth Hygiene.

An English school dentist, in *The Medical Officer*, states that the conduct of hygienic measures for the maintenance of a healthy condition of the mouth is perhaps in some ways of greater importance than the actual treatment of the various defects at the clinic. The former aims at the *prevention* of dental caries, which is far better and cheaper than attempting to deal with the disease after it is once established and has accomplished much damage.

"This ideal state of affairs is only to be approached by constant daily attention to the mouth on the part of the individuals concerned, as part of the routine toilet.

One of the chief duties of the children's dentist is recognized as being to make each little patient's mouth clean and healthy.

Invaluable as such work is it is of almost greater importance, even, that the freedom from dirt and contamination should be maintained between periodical visits to an expert children's dentist."

A Lover of Animals on Vivisection.

To the president and directors, Vivisection-Investigation League, New York:

Gentlemen: When I joined the Vivisection-Investigation League I understood that it was organized to prevent the abuse of vivisection and the infliction of unnecessary torture on animals. I learn now from your reply to the Baynes' article (in the "Woman's Home Companion") that you are opposed to all experiments on living animals, and that you utterly condemn the work of the Pasteur Institute, the Rockefeller Institute, and allied laboratories.

I have to thank the studies of such institutes for the fact that my wife is alive today. Millions of men and women have to give similar thanks for their health and salvation, especially during the last ten years.

While in Washington last winter I was amazed to learn from antivivisectionists that I had no right to save my wife's life at the expense of a horse's life. I am a lover of animals, but I set human life above animal life.

These people had the assurance to quote Christ in support of their contention: "Are not five sparrows sold for two farthings, and not one of them is forgotten before God?" It was characteristic of them that they should leave off the real thought of the saying, because it was against them. However, I was able to supply it thus: "Fear not, therefore; ye are of more value than many sparrows." (Luke 12: 6, 7.)

Kindly accept my resignation from the Vivisection-Investigation League, to take effect immediately.

Yours faithfully,
ERNEST THOMPSON SETON,
Greenwich, Conn., October 26, 1921.

Digitized by Google

Benefits From County Tuberculosis Hospitals.

California's subsidized county tuberculosis hospitals have been remarkably effective in the control of tuberculosis in California. The remarkable advances made in the equipment, maintenance and care provided at these institutions is still not understood by a great many individuals whose tuberculosis might be arrested if they were to receive treatment in these institutions. Concerning the benefits to be derived from county tuberculosis sanatoria, Dr. Robinson Bosworth has the following in the *Minnesota Health Journal*:

"Probably no disease has been attacked from so many angles and over so long a period as tuberculosis. Known to exist among civilized peoples for thousands of years, it still remains one of the greatest public health problems of our time. However, the past forty years has revealed more knowledge concerning this disease than all time prior. Control thereof is being gradually obtained. Our steadily increasing sanatorium and hospital accommodations are among the means by which this control is being exerted.

The value of institutions for the care of patients with tuberculosis is better understood when one appreciates the two main factors involved in the development of this disease.

The first factor is the method of living. What is meant by the method of living? It is all things which together constitute living. It is a man's work, his play, his home, his shop or factory, his bank or school, his food, his virtues, his follies and his contact with his fellow-men with the results therefrom. The method of living may be good or bad. It may help to prevent or bring on disease.

The second factor is the resistance of the individual. Should resistance be great enough no amount of infection would cause disease but resistance is not always sufficient to overcome infection. All those things in life, which together may be called the method of living, affect the individual's resistance, favorably or unfavorably.

County sanatoria are institutions used for teaching a method of living that will be to the best interest of those who have contracted tuberculosis. It is a schoolhouse—just as children are sent to school to acquire a certain knowledge, so are individuals received into sanatoria so that they can be taught tuberculosis, what it is and how to live to have the disease arrested. As the school teacher renders assistance to children in acquiring an education, so do the physicians in charge of these institutions render assistance to the patients therein.

With the above understanding of the objects of a sanatorium it is much easier to place a value on its service.

First—Individuals should enter the institution in the early stage of the disease. They should not wait until the later stages develop, which are certain to occur if in the beginning the condition is not given proper attention.

Second—The stay in the institution should be of sufficient length to permit the patient becoming thoroughly familiar with what is necessary to combat the disease. This period of time is to be decided by the medical staff of the institution and not by the patient."

Human Bookkeeping Important.

Birth, death and marriage records, as well as reports of communicable diseases, are indispensable to health officers, statisticians, welfare workers and scientists who are engaged in the study of causes of death and who are working for the prevention of disease. Death rates for any locality may be obtained from these records and whether the death rate for any given locality is going up or down is a matter of vital importance. Just as the records in a business office show whether the business is being conducted with a profit or with a loss, so the vital statistics records indicate the trend of human life and the efficiency of the methods that are being used in its conservation. Reports of communicable disease, promptly received, are necessary in order that quick action may be taken to find the source of infection and to adopt methods to check the spread of an eidemic.

Birth records are important, not only from a legal standpoint but also from a public health point of view. The infant mortality rate for any community is computed by determining the ratio between infant deaths and infant births. An accurate rate can not be determined unless all infant births are registered and all infant deaths recorded. Great progress is being made in saving the lives of infants, but it is impossible to keep a constant and careful check upon this progress unless these records are kept accurately and unless full and complete data is available. Human bookkeeping is just as essential as financial bookkeeping. The death rate is just as important as the tax rate.

Digitized by Google

MORBIDITY.

Smallpox.

Twenty-one cases of smallpox were reported last week. These cases are distributed as follows: San Jose 2, Livermore 7, Hayward 1, Berkeley 1, Mariposa County 1, Red Bluff 1, Anaheim 1, Oakland 2, San Joaquin County 1, Los Angeles County 1, Los Angeles 2.

Typhoid Fever.

The twelve cases of typhoid fever reported last week are distributed as follows: Susanville 1, Los Angeles County 2, Santa Clara County 1, Sacramento 3, San Joaquin County 3, Blythe 2.

Poliomyelitis.

Four cases of poliomyelitis were reported last week, one from Los Angeles County and three from Los Angeles.

Epidemic Encephalitis.

Three cases of epidemic encephalitis were reported last week distributed as follows: San Jose 1, Los Angeles County 1, San Francisco 1.

Leprosy.

San Francisco reported one case of leprosy last week.

Plague.

A case of fatal bubonic plague was reported from Alameda County last week. The child was three years old and had been visiting on a ranch in Dublin Canyon.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
INFECTIOUS JAUNDICE
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Diseases	1922				1921			
	Week ending			Reports for week ending July 1 received by July 5	Week ending			Reports for week ending July 2 received by July 6
	June 10	June 17	June 24		June 11	June 18	June 25	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	3	3	0	6	3	2	6
Chickenpox	168	147	133	79	191	132	105	71
Diphtheria	165	160	150	146	172	126	109	97
Dysentery (Bacillary)	11	14	3	1	3	0	1	8
Epidemic Encephalitis	2	2	1	3	5	2	0	1
Gonorrhoea	114	71	79	55	93	51	60	34
Influenza	13	6	3	6	22	27	10	12
Leprosy	0	0	0	1	1	0	0	2
Malaria	2	1	3	1	4	5	9	5
Measles	50	25	49	19	326	265	197	77
Mumps	50	56	60	15	212	124	40	52
Plague	0	0	0	1	0	1	0	0
Pneumonia	70	56	56	48	57	39	40	44
Poliomyelitis	0	2	1	4	1	2	5	2
Scarlet Fever	91	90	90	59	89	71	91	55
Smallpox	61	62	26	21	96	76	74	45
Syphilis	119	72	97	66	116	43	78	31
Tuberculosis	146	142	224	119	177	162	101	142
Typhoid Fever	29	27	23	12	22	19	20	20
Whooping Cough	99	114	117	84	86	80	78	51
	1192	1050	1118	740	1679	1227	1020	755

19991 7-22 5M

CALIFORNIA STATE PRINTING OFFICE.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 22 JULY 15, 1922 GUY P. JONES EDITOR

Infectious Jaundice a Reportable Disease.

The California State Board of Health, at its regular meeting held in Sacramento July 1st, declared infectious jaundice a reportable disease in California. Physicians and health officers are urged to watch carefully for any cases of this disease that may occur and to report same promptly in accordance with the provisions of the law. This disease has been quite prevalent recently in the State of New York and at least two outbreaks of infectious jaundice have occurred recently in California.

Low Infant Mortality in California Cities.

Once again California cities have made the best records in low infant mortality rates. In the statistical report of infant mortality for 1921 in 573 cities of the United States, the American Child Hygiene Association gives San Francisco next to the best infant mortality record in cities having populations over 250,000. Oakland made the best record of any city among those having populations of 100,000 to 250,000. Long Beach, Cal., and Rockford, Illinois, share the honors in having the lowest infant mortality rate among cities of 50,000 to 100,000. Pasadena has the lowest rate for cities having populations of 25,000 to 50,000, and Santa Cruz is second in the group of cities having populations of 10,000 to 25,000. The cities having the lowest and the highest infant mortality rate are the following:

Population Over 250,000.

Lowest

Portland, Ore.	48
San Francisco, Cal.	51
Seattle, Wash.	52

Highest

Pittsburg, Pa.	96
Kansas City, Mo.	94
Buffalo, N. Y.	93

Population 100,000-250,000.

Lowest

Oakland, Cal.	52
St. Paul, Minn.	54
Spokane, Wash.	55

Highest

Memphis, Tenn.	118
Fall River, Mass.	113
Scranton, Pa.	104

Population 50,000-100,000.

Lowest

Long Beach, Cal.	54
Rockford, Ill.	54
Covington, Ky.	57

Highest

Charleston, S. C.	158
Savannah, Ga.	140
Knoxville, Tenn.	109

Population 25,000-50,000.

Lowest

Pasadena, Cal.	31
Brookline, Mass.	41
Moline, Ill.	45

Highest

Petersburg, Va.	153
Columbia, S. C.	144
Pueblo, Colo.	130

Population 10,000-25,000.

Lowest

East Hartford, Conn.	24
Santa Cruz, Cal.	33
Tonawanda, N. Y.	37

Highest

Dunsmore, Pa.	186
Lincoln, Ill.	166
Kewance, Ill.	164

Education is not more important than good health. The higher the civilization, the greater the number of badly nourished.—W. R. P. Emerson, M.D.

Digitized by Google

Program for Institute for Public Health Nurses.

An institute for public health nurses will be held in Berkeley July 24 to August 5 under the auspices of the State Board of Health and the University of California Summer Session. The course is given to fifty nurses because of the necessity for limiting the number who may take the field exercises. Those who are not permitted to enroll for the field work may attend the lectures as auditors, but they are not considered as in attendance at the institute and can not receive a certificate.

For the field work the class will be divided into groups of six and a rotation schedule will be so arranged that the following exercises will be covered under supervision during eight mornings:

Field exercise I—Office of the public health nursing unit.

Field exercise II—District visiting.

Field exercise III—Dental Clinic.

Field exercise IV—Well Baby Clinic.

Field exercise V—Tuberculosis Clinic.

Field exercise VI—Mental Clinic.

Field exercise VII—Venereal Disease Clinic.

Field exercise VIII—Skin Disease Clinic.

All lectures will be held in the lecture room, Hygiene Pathology Building, University of California.

Monday, July 24.

9 a.m. to 12 m.
Registration 9-11, Lecture Room, Hygiene Pathology Building, University of California.
Assignment to sections for field work 11-12 in same room.

1 p.m. **The Prevention of Heart Disease.**
Dr. Haven Emerson, Professor of Public Health Administration, Columbia University, New York.

2 p.m. **General Aspects of Public Health Nursing.**
Miss Mary L. Cole, Director, Public Health Nursing, Pacific Division, American Red Cross, San Francisco.

3 p.m. **Function of the Public Health Nurse in the U. S. Public Health Service.**
Senior Surgeon J. C. Perry, U. S. Public Health Service, San Francisco.

4 p.m. **History of the Control of Smallpox.**
Dr. J. N. Force, Associate Professor of Epidemiology, University of California, Berkeley.

Tuesday, July 25.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **General Aspects of Tuberculosis.**
Dr. R. A. Peers, Member, State Board of Health, Colfax.

2 p.m. **Community Organization.**
Miss Margaret Wales, Director, Social Service Department, Lane Hospital, San Francisco.

3 p.m. **The Management of the Health Office in Smaller Community.**
Mr. Louis Olsen, Health Officer, Palo Alto.

4 p.m. **Differential Diagnosis Between Smallpox and Chickenpox.**
Dr. A. F. Gillihan, District Health Officer, State Board of Health, Sacramento.

Wednesday, July 26.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **Dental Hygiene.**
Dr. Guy S. Millberry, Dean, College of Dentistry, University of California, San Francisco.

2 p.m. **Family Case Work.**
Miss Edith S. Bryan, Assistant Professor of Public Health Nursing, University of California, Berkeley.

3 p.m. **The Epidemiology and Control of Rabies in California.**
Dr. W. H. Kellogg, Director, State Hygiene Laboratory, State Board of Health, Berkeley.

4 p.m. **Epidemiology of Smallpox.**
Dr. A. F. Gillihan.

Thursday, July 27.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **The Rollier Treatment in Tuberculosis.**
Dr. Esther Rosencrantz, San Francisco, Assistant Attending Physician, San Francisco Hospital, in charge of Tuberculosis, University of California Service; Instructor in Medicine, University of California Medical School.

2-4 p.m. **Vital Statistics for the Public Health Nurse.**
Dr. A. F. Gillihan.

4 p.m. **Smallpox Vaccination.**
Dr. J. N. Force.

Friday, July 28.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **The Prenatal Period.**
Dr. W. P. Lucas, Professor of Pediatrics, University of California Medical School, San Francisco.

2 p.m. **Organization of Health Centers.**
Miss Ednah M. Shuey, Director, Berkeley Dispensary and Health Center, Berkeley.

3 p.m. **Epidemiology of Encephalitis.**
Captain Elmer S. Tenney, M.C., U.S.A., San Francisco.

4 p.m. **Health Laws and Regulations.**
Dr. A. F. Gillihan.

Saturday, July 29.

Entire day to be devoted to a visit to Arroyo Sanitarium, under direction of Dr. Chesley Bush.

Monday, July 31.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **Rehabilitation of the Discharged Tuberculosis Patient.**
Dr. Haven Emerson.

2 p.m. **Industrial Nursing.**
Miss Margaret Kyne, Public Health Nurse, Market Street Railway Company, San Francisco.

3 p.m. **Tuberculosis and the Family Problem.**
Miss Ida May Theile, Field Worker, Bureau of Tuberculosis, State Board of Health, Sacramento.

4 p.m. **Diphtheria from the Viewpoint of the Field Worker.**
Dr. Frank L. Kelly, Epidemiologist, State Board of Health, San Francisco.

Tuesday, August 1.

9 a.m. to 12 m.
Field exercise according to assignment.

1 p.m. **Periodic Medical Examinations.**
Dr. Haven Emerson.

2 p.m. **The Predelinquent State.**
Dr. Jau Don Ball, Lecturer in Criminology and Psychiatry, in the Summer Session, University of California, Berkeley.

3 p.m. **Etiology and Pathology of Typhoid Fever, Paratyphoid Fever, and Bacillary Dysentery.**
Dr. Karl F. Meyer, Acting Director, Hooper Foundation, for Medical Research, San Francisco.

Digitized by Google

4 p.m. **Practical Application of the Schick Test and the Value of Toxin-antitoxin Administration.**
Dr. E. C. Fleischner, Clinical Professor of Pediatrics, University of California Medical School, San Francisco.

Wednesday, August 2.

9 a.m. to 12 m.
Field exercise according to assignment.
1 p.m. **School Hygiene.**
Dr. W. P. Lucas.
2 p.m. **School Nursing.**
Dr. W. P. Lucas.
3 p.m. **The Epidemiology of Typhoid Fever and Dysentery.**
Dr. Frank L. Kelly.
4 p.m. **Present Day Principles for the Use of Antitoxin.**
Dr. E. C. Fleischner.

Thursday, August 3.

9 a.m. to 12 m.
Field exercise according to assignment.
1 p.m. **Infant and Preschool Age Period with Special Reference to Health Centers.**
Dr. Adelaide Brown, Member State Board of Health, Lecturer in Medicine (Child Hygiene) Leland Stanford Jr. Medical School, San Francisco.
2 p.m. **Mental Hygiene.**
Dr. V. H. Podstata, Assistant Clinical Professor of Psychiatry, University of California Medical School, San Francisco.
3 p.m. **The Relation of Unofficial Agencies to the Official Agencies.**
Dr. Alvin Powell, Director, Alameda County Health Center, Oakland.
4 p.m. **Diphtheria Regulations in California.**
Dr. W. H. Kellogg.

Friday, August 4.

10 a.m. to 12 m.
Round Table on Communicable Diseases.
Dr. Emerson, Dr. Force, Dr. Kelly, Dr. Kellogg, Dr. Gillihan.
1 p.m. to 3 p.m.
Round Table on Child Hygiene.
Dr. W. P. Lucas, Dr. Ellen Stadtmuller.
3 p.m. **State Health Organization.**
Dr. W. M. Dickie, Secretary, State Board of Health, Sacramento.
4 p.m. **Child Hygiene from the Public Health Standpoint.**
Dr. Ellen Stadtmuller, Director, Bureau of Child Hygiene, State Board of Health, San Francisco.

Lower Municipal Infant Mortality Rate.

The American Child Hygiene Association reports a remarkable decrease in the infant mortality rate throughout the country during 1921. The statistical report just issued by the association covers all cities of over 10,000 population in the United States included in the death registration area. The average rate for all the cities in the area in 1920 was 91.5. The rate for the same cities in 1921 was 77.9, a remarkable reduction.

Real Wealth Not Money.

Sir Arthur Newsholm, for many years England's chief medical officer of health, says that "the real wealth of the nation does not consist in its money, in the value of its trade or in the extent of its dominion. These are only valuable in so far as they help to maintain a population—and not only a part of it—of the right quality; men, women and children possessing bodily vigor, alert mind, firm character, courage and self-control."

Leprosy on the Increase.

Morbidity statistics compiled by the United States Public Health Service, upon data supplied by the various states, show that there are 1200 lepers at large in 25 states. The service announces that leprosy is on the increase in the United States and that these lepers at large are a constant danger in the transmission of the disease to others. Dr. C. H. Lavinder of the United States Public Health Service says:

"While remarkable results are being obtained in combating leprosy in other countries it is on the increase in the United States. In the tropics, notably in Hawaii, lepers are being cured by the use of chaulmoogra oil, one of the new discoveries. But we have had no success with it here owing to the difference in the blood consistency of this climate and of this race. Great Britain long ago decided that the only way to eradicate the disease was to segregate the sufferers, so that there could be no chance for it to be communicated to others. We have adopted such a policy in America, and have built a leprosarium at Carrville, Louisiana. It has room for only 200 patients, and now every available bed is occupied. Each day the government receives applications from lepers seeking admission to the hospital. We pay their transportation and give them the very best of care and attention. But we are compelled to inform health officers who come to us that there is no room. As it is next to impossible for each city to construct its own leprosarium, the sufferers are at large, and each day someone comes into contact with them, adding to the possibilities of the disease being communicated to others."

Health Days Coming.

The National Health Council is sponsoring a movement for the national celebration of three health days in December. The first of these, a Friday, will be devoted to child health; the following day will be used for arousing interest in periodic physical examinations and the last day will be a Health Sunday when public and personal health will be di in churches throughout the

Digitized by Google

MORBIDITY.

Smallpox.

Thirty-four cases of smallpox were reported last week, the distribution being as follows: San Jose 5, Glendale 19, Placer County 1, Shasta County 1, Livermore 2, Fresno County 1, Modesto 3, Alameda County 1, Los Angeles 1.

Typhoid Fever.

Seventeen cases of typhoid fever were reported last week, two cases from Kern County and one each from the following localities: Ventura County, Oakland, Santa Ana, San Joaquin County, Richmond, Berkeley, Sacramento, Los Angeles County, Fresno County, Chino, Mendocino County, Riverside, Santa Paula, Sacramento County, Kings County.

Cerebrospinal Meningitis.

Two cases of epidemic cerebrospinal meningitis were reported last week, one being from San Francisco and one from Monterey County.

Epidemic Encephalitis.

San Francisco reported three cases of this disease last week and Monterey reported one case.

Leprosy.

San Francisco reported one case of leprosy last week.

Infectious Jaundice.

One case of this disease was reported from Berkeley last week.

Rabies.

Los Angeles reported last week one case of rabies in a child six years of age.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
INFECTIOUS JAUNDICE
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending July 8 received by July 11	Week ending			Reports for week ending July 9 received by July 13
	June 17	June 24	July 1		June 18	June 25	July 2	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	3	2	2	3	2	6	3
Chickenpox	147	133	81	46	132	105	95	59
Diphtheria	160	150	153	88	126	109	105	96
Dysentery (Bacillary)	14	3	4	6	0	1	8	1
Epidemic Encephalitis	2	1	3	4	2	0	2	0
Gonorrhoea	71	79	58	102	51	60	56	70
Infectious Jaundice	0	0	0	1	0	0	0	0
Influenza	6	3	7	5	27	10	14	4
Leprosy	0	0	1	1	0	0	3	1
Malaria	1	3	1	1	5	9	7	3
Measles	25	49	20	12	265	197	169	87
Mumps	56	60	18	15	124	40	69	37
Pneumonia	56	56	53	72	39	40	33	30
Poliomyelitis	2	1	5	0	2	5	2	3
Rabies	0	0	0	1	0	0	1	0
Scarlet Fever	90	90	67	40	71	91	66	53
Smallpox	62	26	23	34	76	74	69	56
Syphilis	72	97	68	78	43	78	46	67
Tuberculosis	142	224	135	223	162	101	168	93
Typhoid Fever	27	23	20	17	19	20	23	20
Whooping Cough	114	117	93	100	80	78	58	52
	1060	1118	812	848	1227	1020	1000	735

19991 7-22 5M

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLOSER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

MEDICAL

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 23 JULY 22, 1922 GUY P. JONES EDITOR

Public Health Legislation at Washington.

The House of Representatives recently passed two measures that are of importance from a public health standpoint. One is the Winslow bill which prohibits the importation and shipment in interstate commerce of shaving and lather brushes containing horse hair. The purpose of this measure is to prevent the spread of anthrax. The United States Public Health Service and several of the state departments of health have found that many cases of anthrax, during the past few years, could be traced to the use of horse hair shaving brushes. The Winslow bill has been referred to the Senate Committee on Interstate Commerce. The other bill passed by the House of Representatives is the Voigt bill which forbids the shipment in interstate commerce of compounds of skimmed milk and vegetable oil, made to resemble whole evaporated milk. Restrictive or prohibitive legislation against compounds of this sort has been enacted in eleven of the states. The Senate Committee on Agriculture has been holding hearings on this bill, which is now up for final consideration in the Senate.

Reduce Death Rate One-Third in Next Ten Years.

In his book "Public Health and Insurance," Sir Arthur Newsholm says, "With increased knowledge we know that a larger proportion of diseases are preventable than was formerly supposed. It will be easy, within the next ten years, to reduce the death rate by one-third of its present amount, given systematic and adequate action on the part of public health authorities and an effective educational propaganda among the general public. More effective still, an even larger proportion of mankind's total illness can be avoided, and life on a higher plane of health secured, as well as life prolonged to its normal limit."

More Funds Needed for Leper Care.

The Federal Leprosarium at Carrville, Louisiana, is inadequate for the care of all lepers who should be in this institution. The California State Board of Health was largely instrumental in the establishment of this leprosarium and is interested in its maintenance and extension in order that the leprosy problem in California and in the other states may be permanently solved. President Harding recently asked Congress that sufficient money be appropriated for the enlargement of the Carrville institution and Representative Elliott of Indiana and Senator Ramsdell of Louisiana have introduced bills in the two houses providing for the appropriation of $650,000 to be used for preventing the spread of leprosy and to provide care and treatment for all persons suffering from this disease.

Digitized by Google

Many to Live Short Lives or Few to Live Long Lives?

Ever since the Malthusian theory of population was propounded in 1800 someone has frequently predicted that it is only a question of time before the food supply of the earth will be inadequate to feed the world's population. Luther Burbank has been recently credited with the statement that agriculture has been developed to the highest possible degree and that further development in the production of greater food supplies can not be expected unless new soil fertilizers can be developed. Questions involving population and the food supply are of importance and the trend of birth and death rates have great bearing in the consideration of these questions. Vital statistics constitute an essential factor in the determination of these theories. G. H. Knibbs, Commonwealth Statistician for Australia, several years ago prepared a very comprehensive monograph on the mathematical theory of population, of its character and fluctuation and of the factors which influence them. In this technical statistical work he raises the question as to whether the world should be populated with large numbers of human beings who shall live short lives, or whether the world should be populated with relatively few human beings who are able to live long lives. There is material for thought in this report and the following quotations are worthy of close reading and careful consideration:

"1. **The larger aim of population statistic.** * * * The limits of human expansion are much nearer than popular opinion imagines; the difficulty of future food supplies will soon be of the gravest character; the exhaustion of sources of energy necessary for any notable increase of population or advance in the standards of living, or both combined, is perilously near. Within periods of time, insignificant compared with geologic ages, the multiplying force of living things, man included, must **receive a tremendous check. The** present rate of increase in the world's population can not continue for four centuries, and the extraordinary increase in the standard of living which has characterized the last few decades must quickly be brought to a standstill, or be determined by the destructive forces of human extravagance. Very soon world-politic will have to face the question whether it is better that there should be larger numbers and more modest living, or fewer numbers and lavish living; whether world-morality should aim at the enjoyment of life by a great multitude, or aim at the restriction of life-experience to a few, that they may live in relative opulence. The statistician of the future will utilize all discovery of the mysterious play, and no less cryptic, limitation of life-force to make prediction sure. Given coordinated international effort, there would be no difficulty in so directing future statistical technique that all countries and all analysts could add their quota in a form suitable for the wider study of the drift of mankind in the more important relations of civic, national, and international life.

"In earlier days monarchs utilized statistics as a basis for judging the probability of success in operations of war and plunder. That use has not disappeared, but the plexus of relations, which, through the fructifying power of science, the modern world has seen established, particularly in the realms of industry and commerce, has shown a growing measure of economic solidarity in the affairs of mankind. The modern world responds to everything that profoundly touches any one nation. By the conditions of modern life mankind tends to be welded into a unit. By the magic of invention, humanity has been quickened; distance—if not annihilated—has been immensely shortened; life has been enriched in the potentialities of material and psychical enjoyment, and be it said also in the plane of its possible intellectual and moral effort. The destiny of mankind will therefore be the supreme problem of those statisticians of the future, who have an adequate outlook on that science and art with which it is their privilege to concern themselves. For the craftsman with acute and microscopic vision there are a multitude of analyses to be made; for one with the capacity for reaching wide generalisations there is no end of larger work, while for him who is happily able to see both the trees *and* the forest of the statistical landscape, there is the most far-reaching task of all, the creation of a statistical world-picture, which shall reveal the secrets of man's place in the many-sided world of social-economics, using that word in its fullest and most ideal sense.

"2. **The impossibility of any long-continued increase of population at the present rate.**—An increase of pop-

Digitized by Google

ulation at the rate of 1 per cent per annum is often regarded as unduly slow; the increase for the United States between 1790 and 1860 was nearly 3 per cent per annum, a rate which has recently also been attained in Australia. That this rate can not possibly last even five centuries is a fact, however, that, though immensely important, is not realized.

"It has been contended in reply to Malthus that experience has shown that food-production will advance even more rapidly than the growth of population. It can do so for only a very limited time. The false inference has been drawn from this fact that therefore almost any population can be provided for. The point demands attention, for the argument is a plausible one. Nothwithstanding this it is invalid, as can easily be shown.

* * *

"4. **The trend of destiny.**—To the extent man is ignorant, he is both the puppet of Fortune, and the victim of Desire. Anyone who has seriously reflected upon the facts of the last ten decades must realize that, within the next ten, tremendous problems will arise for solution and these will touch fundamentally the following matters, viz:

(i) The multiplying power of the human race;

(ii) The organic constitution of nature and the means at human disposal for avoiding the incidence of its unfavorable aspects; i.e., eugenics in its wider sense;

(iii) The enhancing of the productivity of nature, and the limits of its exploitation;

(iv) The mechanism of the social organism, and the scheme of its control;

(v) Internationalism and the solidarity of humanity.

"For the adequate study of these matters, not only will the mere technique of the collection and analysis of statistic require to be much advanced, but the popular opinion as to the value of the effort will also have to progress. Given, however, an intelligent public opinion, as to the utility of statistical inquires, there would be some ground for hope that the great questions, the analysis of which would throw light upon human destiny, could be properly attacked. It is for educational departments, worthy of the name, to create such opinion by the mechanism of their systems, in order that each human being should be sufficiently interested to cordially cooperate, by accurately furnishing the necessary data in the taking of a census of population or wealth. Census taking is a costly operation, but it is the foundation of all branches of statistic that have a direct human interest. Its value and the facility of using it would be immensely increased if it were meticulously accurate. The importance of technique and of precision, matters apparently of little moment, can be rightly estimated only when the ultimate aim of all statistical inquiry is realized to be "the study of man's destiny" as the denizen of a world of limitations."

"Man-Made" Malaria.

The work of eradicating malaria has been made doubly hard by the continual creation of new mosquito-breeding spots, by the intentional or unintentional impounding of water in the course of highway, irrigation or railway construction. The United States Public Health Service says that malaria, which finds its source in such impounding of water, can be termed "man-made malaria." The Service has determined recently that probably three-fourths of the malaria in a district in Eastern Virginia came from such artificial pools and swamps.

A great responsibility rests upon contractors who are building highways and irrigation systems in malarial districts. Good roads are essential but they should not be built at the expense of the health of the residents of any community. The specifications for the construction of federal highways in the south, require that the culverts shall be so placed that they will completely drain all wet areas above the culvert entrance, and that all borrow pits or excavations made along the roadways shall be filled or properly drained. More mosquitoes and more malaria are sure to follow carelessness in construction work carried on in malarial districts.

In France, before the war, there were forty dispensaries. Now there are four hundred and thirty-nine.—Ambassador Jusserand.

The increase of later life diseases as a factor in the death rate, is of course, inevitable, if we prolong the average age of the human life.—Livingston Farrand.

Start the child right in infancy, particularly the one who has been exposed to tuberculosis, and follow him right through to college.—W. R. P. Emerson, M.D.

Digitized by Google

MORBIDITY.

Smallpox.

Smallpox is on the decrease again. Only 17 cases were reported last week, distributed as follows: Alameda County 2, Bakersfield 2, Livermore 3, Oakland 2, Sacramento 2, San Jose 2, Stockton 3 and Wheatland 1.

Typhoid Fever.

Twenty-six cases of typhoid fever were reported last week. They are distributed as follows: Auburn 2, Berkeley 1, Blythe 2, Colton 1, Long Beach 1, Los Angeles County 1, Madera County 1, Oakland 3, Porterville 1, Sacramento 6, San Bernardino County 2, San Joaquin County 2, Stockton 1, Yolo County 1, Yreka 1.

Epidemic Encephalitis.

One case of epidemic encephalitis was reported from San Francisco.

Poliomyelitis.

One case of poliomyelitis was reported from Stockton last week.

Leprosy.

San Francisco reported one case of leprosy last week.

Plague.

One fatal case of plague occurred last week in Santa Cruz County. As far as can be determined the source of infection was from rats.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
INFECTIOUS JAUNDICE
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Care for the health of the people is the secret of national efficiency.—David Lloyd George.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending July 15 received by July 18	Week ending			Reports for week ending July 16 received by July 20
	June 24	July 1	July 8		June 25	July 2	July 9	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	2	2	0	2	6	5	4
Chickenpox	133	82	56	26	105	95	59	68
Diphtheria	150	153	99	84	109	105	99	113
Dysentery (Bacillary)	3	4	6	0	1	8	1	4
Epidemic Encephalitis	1	3	4	1	0	2	1	5
Gonorrhoea	79	58	106	44	60	56	75	111
Influenza	3	7	5	9	10	14	5	14
Leprosy	0	1	1	0	0	3	1	0
Malaria	3	1	2	1	9	7	3	5
Measles	49	20	13	14	197	169	99	98
Mumps	60	18	19	10	40	69	37	50
Plague	0	1	0	1	0	0	0	0
Pneumonia	56	53	85	21	40	33	41	87
Poliomyelitis	1	5	0	1	5	2	3	3
Scarlet Fever	90	67	43	31	91	66	52	51
Smallpox	26	22	37	17	74	69	59	53
Syphilis	97	68	80	36	78	46	68	50
Tuberculosis	224	135	234	75	101	168	112	148
Typhoid Fever	23	20	31	26	20	23	24	23
Whooping Cough	117	93	120	39	78	58	53	73
	1118	812	943	436	1020	1000	797	960

19991 7-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 24 JULY 29, 1922 GUY P. JONES EDITOR

Clothes for Children.

By DR. ADELAIDE BROWN, San Francisco, Member State Board of Health

All clothes for children must fulfill certain demands. They must be made of material that is easily kept clean, that is not too expensive and that possesses some aesthetic value. And they must be adapted to the temperature, not to the calendar.

Warmth is best attained by a two-layer costume with a band or waist, supporting garters and leg covering. This costume furnishes bands of air enclosed by nonconducting surfaces surrounding the body, and kept warm by body heat. A third layer may be added as an outdoor garment, which, in its turn, produces a heat layer and conserves the body heat. Weight and multiplicity of garments with constricting waists and tight arm holes mean cold hands. The framework of a child is elastic, easily constrained, and poor posture results from improperly adjusted clothing.

Cleanliness requires clothes that not only may be washed and ironed easily but that will also stand repeated washings. These standards are best fulfilled by cotton, linen and silk—less perfectly by woolen goods. As all garments for little children, infants and toddlers must be tubbed daily, or at least three times a week, white is the most useful color.

When the personal taste of the adult can be shown, color, form and utility all come in. Applied to the child's costume the same general principles work out. Shopping with a general plan in mind rather than hit or miss purchasing makes for well-dressed children. Even play clothes should be selected on a color scheme. Either black shoes, stockings, hair ribbons and hat, or a blue or a tan color scheme is smart; but pink bloomers, a blue dress, a white hat, plaid socks and tan shoes show whim and not brain in the purchasing adult.

The question of expense is often the crux of the situation. Many capable home makers today make their children's clothes, realizing that better material, and better allowances for growth in width of hems and tucks makes one dollar do the work of two. Shirts, underdrawers or combination suits, waists, stockings, and shoes are bought; but nightgowns, dresses, bloomers, white skirts, pajamas and blouses for boys are easily and reasonably made at home. The quantity of clothes provided also plays its part in expense. As a rule, too many rather than too few clothes are provided. Children grow rapidly and renewals are constantly necessary. Hence, an undue supply is extravagance.

A suitable outfit for a runabout of from two to six years of age would include four pairs of stockings, two pairs of shoes, three shirts, two waists, six rompers (the Gertrudes may be shortened by taking a piece in the middle and gathering the skirt onto the waist), six underdrawers, three white dresses (girl), three Russian

Digitized by Google

blouse suits (boy), a white corduroy coat and later a wool coat of a darker color, a sweater with sleeves and hats to suit the individual taste.

For older children two koveralls with sleeves make play garments adaptable to any climate. For school, two corduroy trousers and six wash shirts are suitable for boys. For girls, four to six ginghams with bloomers to match greatly simplify the wardrobe and reduce washing. Three shirts, three waists, four underdrawers, four pairs long stockings and heavy shoes complete the costume, with a sweater and a reefer coat for out-of-doors.

Mothers must see to it that their children's clothes have no tight bands at waist, knee, arm hole or neck, as these restrict circulation and make cold extremeties. Circular garters should not be tight if worn at all. Tight arm holes, restricting the freedom of the shoulder girdle and pulling down the shoulders are one factor in making the fatigue posture. The drag on the shoulders above throws out the shoulder blade below and results in the most common defect of posture in children. Side garters too tightly drawn up have the same result in pulling down on the shoulders. As to socks, if the knee is covered, its circulation is more even and it is probably less liable to infection.

Outer garments, according to temperature, may vary from a short sweater to a knitted garment covering the child from head to foot. A light sweater and a washable corduroy coat furnish garments not too heavy to run about in comfortably, while leggings are less cumbersome than knitted overalls. The sweater should always be worn over the indoor garments and reenforced by a coat if it is not enough protection as an out-of-door garment. It should be taken off when a child comes from out-of-doors into a warm house, for a constantly perspiring child is susceptible to colds. Moreover, the purpose of the sweater as an extra garment is defeated if worn constantly indoors.

Shoes are too thoughtlessly bought. Every mother should understand the general principles of shoe fitting. Shoes should be full length, having a snug heel, spreading toe, and a straight line up the inner (big toe) side. Up to three years of age a spring heel is satisfactory, and after that, a low, broad heel. High shoes are better up to three years of age. The heels and soles should be watched to see how the child wears them. They can be easily built up by a metal peg or a strip of leather running from the middle of the sole in front to the middle of the heel. The child who runs over its heels and soles should have foot gymnastics. Running on the toes with the shoes off, picking up marbles with the bare toes, and tiptoeing along a carpet seam all tend to develop the foot muscles and to straighten wobbly ankles.

Weekly Radio Talks

CAMPERS, CARRY A SPADE.

A spade is an absolutely necessary utensil to take along on a camping trip. Not only is it useful in digging trenches and leveling the ground over which a tent may be pitched, but it is also an absolute necessity in maintaining camp sanitation. All remnants of food, empty tin cans, papers, cartons, old bottles and other waste matter of every description should be buried as soon as possible. Flies should never be permitted to come into contact with any camp refuse. Pollution of any stream, lake or other body of water is a violation of the law, and may be a distinct menace to the health of other persons. In burying camp refuse it is important that all such material be buried at considerable distance from any stream and it should be buried at sufficient depth to prevent access to insects and animals. Don't forget to carry a spade. It is even more useful than an axe on a camping trip.

Two Deaths from Plague.

Fatal cases of plague in human beings have occurred recently in the rural districts of Alameda and Santa Cruz counties. Evidence tends to show that the Alameda case was contracted through possible contact with infected ground squirrels and that the source of the Santa Cruz County case can be found in infected rats. Representatives of the California State Board of Health and of the United States Public Health Service investigated both cases and Dr. Karl F. Meyer of the Hooper Medical Research Foundation is cooperating in the bacteriological investigations.

It costs less to keep a baby alive than to bury it. HAVEN EMERSON, M.D.

Digitized by Google

The Smallpox Situation.

While fewer cases of smallpox have been reported in California recently, there is considerable significance in the fact that among the comparatively few cases now reported, there are more virulent cases than have appeared for several years past. Whether the increased severity of the disease is due to a new strain imported from Mexico or whether it is due to the development of a more virulent California strain, through the failure of many individuals to become vaccinated, has not been established. It is probable, however, that both of these factors have to do with the increased virulence of smallpox in many parts of the state. Some authorities believe that smallpox is about ready to appear in widespread epidemics of great virulence. The present situation, throughout the country, has been compared to a volcano which has given forth distinctive rumblings, warning of an approaching eruption. Health officers who are interested in protecting the health of the residents of their communities would do well to urge all persons residing in the territories under their jurisdiction to make certain that they have been successfully vaccinated recently. This is the cheapest and most effective insurance against smallpox.

Typhus Fever in California.

Cases of typhus fever are occasionally reported in California. Since the disease is endemic in Mexico it is expected that cases will be discovered occasionally. Health officers in the southern part of the state are particularly alert in safeguarding against this disease. Three cases, undoubtedly typhus, have occurred recently in southern California and it is reasonable to assume that mild cases of the disease, many of which are never discovered, occur with more or less frequency in this part of the state. Health officers who isolate immediately all cases that may be suspicious of typhus and who institute delousing operations without delay are to be commended for their vigilance and thoroughness.

"Of every thousand people whose teeth we X-ray, 58 per cent show root abscesses. Out of 4100 consecutive cases that had routine X-rays, only 76 showed absolutely normal conditions."—Life Extension Institute.

Preschool Examination Important.

The most important physical examination in the school life of the child is the one occuring at the time the child enters school for the first time. This is the conclusion drawn by Dr. S. Josephine Baker from her studies of school health supervision. Most public schools in California will open next month and it is important that wherever possible children entering California schools for the first time should receive thorough physical examinations with possible defects noted. Health officers have, in this procedure, an opportunity for doing a really constructive piece of work.

Interesting Public Health Lectures.

The course of lectures in public health now being given at the State Teachers College in San Francisco under the leadership of Dr. Haven Emerson is very succesful. These lectures are given every afternoon at four o'clock, with the exception of Saturday, when the hour for the lecture is set at ten a.m. The general public is invited to attend the course, which will continue through August fifth.

Maternity and Child Welfare in New York State.

A law recently enacted in New York State converts the existing Division of Child Hygiene into a Division of Maternity, Infancy and Child Hygiene and makes available for its use, together with the amount in the regular appropriation for the Child Hygiene Division, the sum of $160,000. Concerning this appropriation the Law and State Charities Aid Association News says: "This is approximately the amount which would have been made available if the state had accepted the provision of the Sheppard-Towner Act. The functions of the new division include the following: Making surveys and studies of local conditions affecting the health of mothers and children; giving advice to different localities as to providing adequate care for mothers and children to whom such care is not otherwise available; holding health consultations in the rural districts; educational work in the hygiene of maternity and infancy; supervision in training of midwives; prevention of blindness in infancy, and care of crippled children."

Digitized by Google

MORBIDITY.

Smallpox.

Only fourteen cases of smallpox were reported last week, distributed as follows: Bakersfield 1, Fullerton 2, Hayward 1, Los Angeles 2, Mariposa County 2, Monterey County 1, Redondo Beach 1, San Francisco 1, San Jose 1, and Santa Clara County 2.

Typhoid Fever.

Twenty-four cases of typhoid fever were reported last week, the distribution being as follows: Grass Valley 1, Imperial 1, Los Angeles 5, Oakland 3, Orange County 1, Sacramento 1, San Bernardino 1, San Francisco 4, San Joaquin County 4, Santa Paula 1, and Stockton 2.

Cerebrospinal Meningitis.

Riverside County and San Francisco each reported one case of this disease last week.

Epidemic Encephalitis.

Two cases of this disease were reported last week, one from Merced County and one from Winters.

Leprosy.

One case of leprosy was reported last week from Sacramento.

Poliomyelitis.

Los Angeles reported one case of poliomyelitis last week.

Excesses of all kinds, particularly in the use of alcohol, lower the vitality and prepare the favorable soil for tuberculosis—Otis.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
INFECTIOUS JAUNDICE
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending July 22 received by July 25	Week ending			Reports for week ending July 23 received by July 27
	July 1	July 8	July 15		July 2	July 9	July 16	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	2	0	2	6	5	4	4
Chickenpox	82	56	49	30	95	89	70	80
Diphtheria	153	99	112	85	108	99	114	78
Dysentery (Bacillary)	4	6	0	1	8	1	4	3
Epidemic Encephalitis	3	4	1	2	2	1	5	5
Gonorrhoea	58	106	87	77	56	75	85	114
Influenza	7	5	12	6	14	5	16	1
Leprosy	1	1	1	1	3	1	0	0
Malaria	1	2	7	4	7	3	5	12
Measles	20	13	15	18	169	99	101	37
Mumps	18	19	29	6	69	37	52	27
Plague	1	0	0	0	0	0	0	0
Pneumonia	53	85	52	20	33	41	87	17
Poliomyelitis	5	0	2	1	2	3	3	6
Scarlet Fever	67	43	44	31	66	52	51	34
Smallpox	22	37	27	14	69	59	54	26
Syphilis	68	80	109	86	46	68	50	65
Tuberculosis	135	234	160	97	168	112	150	118
Typhoid Fever	20	31	36	24	23	24	23	17
Whooping Cough	93	120	82	56	58	53	74	33
	812	943	825	561	1000	797	953	627

19991 7-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 25 AUGUST 5, 1922 GUY P. JONES EDITOR

Hospital Conference at Pasadena.

The second annual California hospital conference will be held in the Maryland Hotel, Pasadena, Tuesday to Saturday of the first week in September. Three other medical meetings will be held in the same place at the same time. The program is in course of preparation and a preliminary program will be published in the August number of the California State Journal of Medicine to be issued shortly. Public health workers of all classes are invited to attend this conference.

Dentists Work Hard at Public Health Center.

During the first six months of the present year the dental work of the Public Health Center of Alameda County covered a total of 7862 sittings. Of this number there were 5932 school children represented. Three full-time dentists, four half-time dentists and one dental hygienist operating in the Public Health Center, the school health centers and the Detention Home accomplished this large volume of work. Many of the undernourished and underweight children have gained considerably after having had their teeth properly cared for. These figures cover only those children who can not afford to pay a regular dental fee and who would have been obliged to do without this necessary dental care had it not been for the useful service that Alameda County is providing.

Simple Method to Revive Drowning Persons.

Most drownings in the United States occur between July 15 and September 1 of each year. It is during this period that the vacation season is at its height. If every swimmer knew about the simple prone pressure method of resuscitation and were to put it into use immediately, whenever necessary, many lives could be saved each year. Pulmotors are useful for resuscitating drowning persons, but they are by no means necessary and when needed they are generally located miles away from the scene of an accident. If a pulmotor is available, however, it should be sent for immediately and the prone pressure method should be used until the instrument arrives.

This method has been endorsed by the United States Army, the American Red Cross, the National Safety Council, the Boy Scouts and many other organizations engaged in welfare work. It can be used also for stimulating artificial respiration after suffocation from gas, shock from electricity and similar accidents. If, after the method has been applied for a period of an hour or two, the victim does not show signs of natural breathing, the work should not be discontinued. Many persons have been revived by the prone pressure method after four or five hours of continued application of the treatment. The following description of the method should be made readily avail-

Digitized by Google

able in all places in California where large numbers of persons are spending their vacations near swimming places:

Prone Pressure Method.

First, examine the victim's mouth and throat with your finger and remove any foreign body (tobacco, false teeth, etc.) Do not stop to loosen person's clothing, but immediately begin actual resuscitation. Every moment of delay is serious. Proceed as follows:

Lay the patient on his stomach, both arms extended overhead. Turn face to one side so that nose and mouth are free for breathing. Kneel, straddling the patient's hip bones; place the palms of your hands (fingers together) on the small of the back, little finger just touching the last rib—tips of fingers just out of your sight. On counting one, two, with the arms held straight, swing forward slowly so that the weight of your body is gradually but not violently brought to bear upon the patient. This action takes from two to three seconds.

The Swing Motion.

While counting three, immediately swing backward so as to remove the pressure, returning to the upright position. Hands should not be removed from patient while removing pressure. While counting four and five, rest. Repeat deliberately twelve to fifteen times a minute, the swinging forward and back—complete respiration in four or five seconds. Time by your own breathing.

As soon as this artificial respiration has been started, and while it is being continued, an assistant, if one is present, should loosen any tight clothing about the patient's neck, chest, or waist. Keep the patient warm by covering the limbs with blankets or by rubbing them gently. Continue respiration (if necessary, four hours or longer) without interruption, until natural breathing is restored or until a physician declares rigor mortis (stiffening of the body) has set in. If natural breathing stops after being restored, use resuscitation again.

Keep Patient Warm.

Do not give any liquid by mouth until the patient is fully conscious. Place ammonia near the nose, determining a safe distance by first trying how near it may be held to your own. Assistant should hit patient's shoe heels a few times with a stick and repeat this operation every five minutes until breathing commences. Give the patient fresh air but keep him warm. When patient revives, keep him lying down and do not raise him. Carry on resuscitation at closest possible point to the accident. Do not move patient until he is breathing normally, without assistance. If absolutely necessary to move, he should be placed on a hard surface, such as a door or floor of conveyance. Do not stop and interrupt resuscitation for an instant.

If alone with the victim, do not neglect immediate and continued resuscitation in order to call a doctor; start at once; the first few minutes are valuable. If other persons are present, send one of them for a doctor without a moment's delay.

Weekly Radio Talks

POISONING FROM CAMPFIRE SMOKE.

Poison oak is one of the things besides flies and mosquitoes that takes the joy out of life in the open. Campers, particularly those who are susceptible to poison oak, should be careful to keep away from the smoke of camp fires if any leaves or branches of the poison oak shrub are in the fire. The sap from this plant may be carried in the smoke and deposited on the skin, causing as great irritation as if there had been direct contact with the growing plant. This poisonous sap may be also transferred by clothing, tools and insects that may have come into contact with the plant. Soap and hot water or alcohol should be applied immediately after contact with poison oak. The application must be prompt and thorough or it will only spread the irritating poison. This treatment may be followed later by gently rubbing talcum powder on the irritated skin.

"A man may live for years with an abscessed tooth and be unaware of the fact. Yet all the time the poison from this infection creeps slowly through his body, ever gravitating toward the weak spot. Apparently unimpaired, he goes his way until one day the weakened, damaged organ abruptly ceases to function and another untimely death is dedicated to ignorance."—Life Extension Institute.

Most flies are born and bred in stable refuse. Horses produce stable refuse. Hence, horses are largely responsible for flies. Score one for the automobile. Garages don't breed flies; stables turn them out in countless millions.

Digitized by Google

Stockton Wages War on Diphtheria.

The Stockton City Health Department, shortly before the close of the school year, started a campaign for the purpose of securing, before school opens again, the immunization against diphtheria of as many school children as possible. A circular letter to parents and guardians of school children in explanation of the Schick test and toxin anti-toxin administration was sent out early in June, together with cards upon which parents were asked to consent to the application of the test and immunization and to signify if they desired to have this done by the health department or by private physician. Of 6500 such cards sent to the parents or guardians of children attending public, private and parochial grammar schools, 4700 were returned by the middle of June. Of these, 1800 cards signified that the Schick test and immunization were desired; 1200 of the parents stated that they wanted the city health department to do the work and 600 desired to have the matter referred to the family physician. Following is the letter sent to the parents of Stockton school children and because of its simple, clear language it is believed that it may be useful to other local health departments.

HEALTH DEPARTMENT, CITY OF STOCKTON.

To the Parents or Guardian of a Stockton School Child:

Children who attend the schools are guarded as carefully as possible, by school nurses and teachers, from disease. Nevertheless, they come so closely in contact with one another that they are likely to carry infectious diseases and transmit them to one another.

In the City of Stockton diphtheria attacked over two hundred and fifty children and caused the death of fifteen last year.

We are now reasonably certain that we know how to protect your child against this disease if you will help.

By injecting one drop of a test solution under the skin of the child we can tell within two or three days whether your child is naturally protected against diphtheria or readily capable of catching the disease. If the child is safe nothing more need be done.

If it is not safe we can make it so by three harmless injections given at intervals of a week. The child will then probably be protected for life. The test is simple, free from all danger, and will not make your child sick. It is safe to apply, no matter how young the child is. By this method diphtheria among children can be practically wiped out.

Don't wait if you want your child protected instead of blindly trusting to luck. Let your family doctor apply the test at once and give you a certificate showing that your child has been tested and stating whether or not it is safe from diphtheria. If it is not safe let your family doctor give the three injections that will practically guarantee protection.

If you do not desire to obtain the services of a private physician, a Health Department Physician will apply the test and remedy free of charge.

The Health Department is your department and desires to obtain a record of your wishes in carrying on this fight to wipe out diphtheria.

Make out the enclosed card and have your child return it to his teacher as soon as possible.

Very truly yours.

CITY HEALTH DEPARTMENT,
By N. Sinai, Health Officer.

Board of Health: Dr. Dewy Powell, President; Dr. H. C. Peterson, Vice President; Dr. J. V. Craviotto, Dr. Wm. P. J. Lynch, Dr. Nathan Powell Barbour; Dr. H. S. Chapman, Executive Secretary.

To Form New Mosquito Abatement District.

Petitions are being circulated among the voters of Visalia and those residing within a radius of half a mile from the city limits asking the board of supervisors to sanction the formation of the Delta Mosquito Abatement District, as provided in the state law. It is required that the petitions shall contain names to the number of 10 per cent of the votes cast at the last general election. It is apparent that this number of names can be obtained without difficulty and that the formation of the district will proceed rapidly.

Insist Upon Clean Drinking Cups.

At this season of the year the soft drink business is at its maximum. Although it is illegal "to provide or expose for common use or permit to be so provided or exposed, or to allow to be used in common any cup, glass, or other receptacle used for drinking purposes," many individuals apparently do not know of this law. This law applies to hotels, restaurants, saloons, soda fountains, stores, theaters, public halls, public or private schools, churches, hospitals, clubs, office buildings, parks, playgrounds, lavatories or wash rooms, barber shops, railroad trains, boats, or any other public place, building, room, or conveyance. This law was not made without good reason. It is not only possible, but also very probable that diseases such as syphilis, tuberculosis, diphtheria, scarlet fever, measles, mumps, influenza, common colds, and other diseases are frequently conveyed from mouth to mouth through the use of common drinking utensils. It is the duty of every individual who may discover a common drinking utensil, to report the matter immediately to the local health officer within whose territory this violation of the law may be found.

Digitized by Google

MORBIDITY.

Smallpox.

Only 12 cases of smallpox were reported last week. They are distributed as follows: Chino 1, Livermore 1, Los Angeles County 1, San Francisco 2, San Joaquin County 3, San Jose 4.

Typhoid Fever.

Twenty-four cases of typhoid were reported last week from the following localities: Fresno County 1, Fresno 1, Long Beach 1, Los Angeles County 1, Los Angeles 1, Nevada County 1, Orange County 1, Sacramento County 1, Sacramento 3, San Bernardino County 2, San Francisco 3, San Joaquin County 1, Stockton 5, Tehama County 1, Ventura County 1.

Cerebrospinal Meningitis.

Two cases of epidemic cerebrospinal meningitis were reported last week, San Francisco and San Joaquin County each reporting one.

Poliomyelitis.

San Joaquin County reported one case of poliomyelitis last week.

Epidemic Encephalitis.

Two cases of epidemic encephalitis were reported last week, one each from Fresno County and Los Angeles.

Rabies.

Venice reported one case of human rabies last week, in a child six years of age.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending July 29 received by Aug. 1	Week ending			Reports for week ending July 30 received by Aug. 3
	July 8	July 15	July 22		July 9	July 16	July 23	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	0	2	2	5	4	4	0
Chickenpox	56	49	42	18	59	70	30	23
Diphtheria	99	112	91	106	99	114	83	99
Dysentery (Bacillary)	6	0	1	2	1	4	3	1
Epidemic Encephalitis	4	1	2	2	1	5	5	1
Gonorrhoea	106	87	87	56	75	85	119	75
Influenza	5	12	6	4	5	16	3	5
Leprosy	1	1	2	0	1	0	1	0
Malaria	2	7	4	7	3	5	12	3
Measles	13	15	13	4	99	101	38	32
Mumps	19	29	10	2	37	52	32	22
Plague	0	0	0	0	0	0	0	0
Pneumonia	85	52	29	57	41	87	25	32
Poliomyelitis	0	2	1	1	3	3	6	11
Rabies	1	0	0	1	0	0	0	0
Scarlet Fever	43	44	35	35	52	51	44	43
Smallpox	38	26	14	12	59	54	28	43
Syphilis	80	109	97	108	68	50	70	121
Tuberculosis	234	160	130	176	112	150	148	184
Typhoid Fever	30	36	34	24	24	28	16	34
Whooping Cough	120	87	61	53	53	74	34	34
	944	829	661	670	797	953	699	773

19991 8-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

Dup.

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

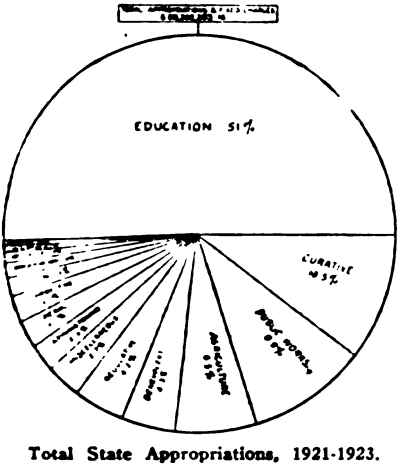
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

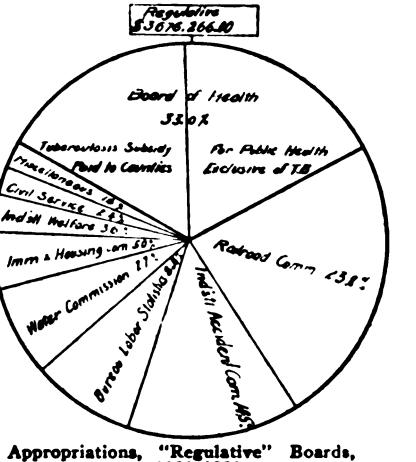
Vol. I, No. 26 AUGUST 12, 1922 GUY P. JONES EDITOR

STATE EXPENDITURES FOR PUBLIC HEALTH



Total State Appropriations, 1921-1923.

The accompanying graphs are reproduced, with added detail, from the January, 1922, issue of "The American County." It will be noted that 4.2 per cent of the total appropriations and fixed charges for the 73d and 74th fiscal years, 1921-1923, apply to departments engaged in "regulative" work. An analysis of the expenditures of these departments is shown in the lower graph. It should be noted that although 33 per cent of these "regulative" appropriations are accredited to the State Board of Health, approximately one-half of the State Board of Health appropriation is paid directly to the counties in the form of subsidies for county tuberculosis hospitals. A very small portion of this tuberculosis appropriation is used by the State Board of Health for the administration of the tuberculosis subsidy. This amounts to 4.9 per cent of the total tuberculosis appropriation. The State Board of Health, instead of receiving direct benefit of one-third of the amount devoted to "regulative purposes," actually has at its disposal 16 per cent of the total appropriation under this title.



Appropriations, "Regulative" Boards, 1921-1923.

Digitized by Google

New Work on Obstetrical Nursing.

Dr. Adelaide Brown recommends to nurses a new book on obstetrical nursing by Carolyn Conant Van Blarcom. Of this work Dr. Brown says:

"This book marks an advance in nursing textbooks, and presents to the nursing world not a compilation from medical textbooks, but a practical discussion from study, observation and experience of the methods of obstetrical nursing employed in private and hospital work. Principles of nursing, varieties of expression in technique to fulfill these principles are justly and intelligently presented. The mental hygiene of the pregnant condition is carefully analyzed and well discussed.

The development of district nursing in obstetrical cases and the ever-increasing importance to be given to prenatal care and guidance of the prospective mother are both carefully described. The organization for prenatal work is presented in full detail.

As the purposes of the Sheppard-Towner bill in fostering better maternal and infant care become better understood, the doctor, the hospital, and the nurse will each value and develop more fully the wonderful opportunity for health-education and health-standards that the interest of the parents in the new life gives.

Miss Van Blarcom never loses sight of the privilege of contact with the mother and her new baby, and the great trust and responsibility the new family group is to both doctor and nurse. The care of the mother and baby is emphasized as a 'calling,' and this book will awaken in each nurse who reads and studies it an appreciation of her opportunity for service and education."

Full Time Health Department for San Joaquin County.

The Board of Supervisors of San Joaquin County, the City Commission of Stockton, the Rotary clubs, Dr. Wm. Friedberger, superintendent of the county hospital, and many other individuals are working zealously to secure the establishment of a full time health department, under which all of the health departments of incorporated cities in San Joaquin County shall be consolidated with the county health department. The district attorney, Edward Van Vranken, has been requested to draw up an ordinance putting the recommendations of the supervisors' special committee into effect. Dr. Friedberger is enthusiastic over the establishment of such a department and the movement is also receiving solid backing in Lodi and other San Joaquin cities.

Riverside Wants Full Time Health Department.

Riverside is organized for securing a full time health department for Riverside County. A committee has been chosen of which Judge Hugh H. Craig is chairman, and E. L. Covey secretary. The Chamber of Commerce, Lions' Club, Rotary Club and the Kiwanis Club all have memberships in this committee. Other individuals who are serving with this organization are J. S. Bordwell, C. H. Randall, W. G. Fraser, W. T. Henderson and Maurice Griffin. Dr. Walter M. Dickie, Secretary of the California State Board of Health, recently addressed members of Riverside's civic organizations, urging the establishment of a full time health department, the jurisdiction of which should cover all the rural and incorporated territory within the county.

Make All Hospitals Fireproof.

A few weeks ago a nurse lost her life rescuing patients from a burning hospital in a construction camp in the mountains of California. Without any thought for herself, rigidly performing her duty, she brought her patients out of the flames to safety. Why should sick and helpless people be placed in a building where fire may so easily occur and where its course may be so rapid? How long will public opinion accept wooden structures within which to house the sick and helpless? Must we continue to take a toll of lives before we require that hospitals shall exist only within fireproof walls and under adequate fire protection?

Weekly Radio Talks

(Broadcasted from Station KUO, San Francisco, Wednesday, at 3 p.m.)

WATCH FOR RABID DOGS.

Rabies in animals, especially dogs, is unusually prevalent in California this summer. If bitten by a dog, it is important that the animal be locked up immediately and kept locked up for ten days. If the animal becomes sick, showing signs of paralysis, before the end of ten days, it should be killed and the head sent for examination in a sealed can to the State Hygienic Laboratory at Berkeley. Wounds from dog bites should be cauterized immediately with nitric acid, and if the dog is believed to be rabid the Pasteur treatment should be started without delay. All cases of dog bite should be reported to the local health officer at once, in order that he may take action to prevent the spread of the disease.

Digitized by Google

Pasteur, the Great.

Comparatively few public health workers know or realize the tremendous debt that the world owes to Louis Pasteur for his remarkable contributions, not only to public health and preventive medicine, but to commerce and industry as well. The story of Pasteur's life is full or dramatic incidents. Public health workers should be familiar with the biography of this eminent scientist. In France, the life of this great man has been dramatized in a play called "Pasteur." M. Lucien Guitry, the eminent French actor, has recently opened his London season with this drama.

Of this production the British Medical Journal says:

It no doubt owes something to the successful production in this country of "Abraham Lincoln," for both plays depict a great man in selected scenes at different periods of his life. The author of "Pasteur" is M. Sacha Guitry, son of the actor, who admittedly found his inspiration in Vallery-Radot's biography of Pasteur, and designed the play especially to suit the talents of his distinguished father. The first act shows Pasteur in his study with his pupils at the outbreak of the war of 1870. In the second act there is a moving representation of a meeting of the Academy of Medicine, where Pasteur vigorously combats an attack upon his theories. In this scene the audience plays the part of the members of the Academy, with one or two actors speaking from the stalls. In the third act the boy Joseph Meister, who has been bitten by a mad dog, is brought to be inoculated by Pasteur, who sends for a doctor to perform the inoculation, for Pasteur himself held no medical qualification. The dramatist shows his art at the close of this act, for Pasteur, although he knows he can give no help, stays on all night in case something unexpected may happen. The scene changes in the fourth act to Pasteur's home in the country, where he is ill and on the verge of a breakdown; his friend the doctor tries to persuade him to take a rest, but Pasteur is deeply engaged in the study of epilepsy and can not tear himself away. To him comes again Joseph Meister, now a youth, and a delightfully sympathetic scene ensues between the two. The last act is the crown of Pasteur's career, his reception by the president of the republic in the amphitheater of the Sorbonne, crowded by his friends, among whom is Lister, whose name is announced, although he does not actually appear on the scene. The play has no "love interest" and no female character, and follows no dramatic rules; it is practically a series of monologues, in which the actual words of Pasteur are often used, and its only unity is in the portrayal of its chief character.

Rest of body and mind, education in regard to what is safe and what is dangerous, good food and fresh air, are the medicines that restore health. Intelligent medical supervision, freedom from care and worry, confidence in recovery, conscientiousness in carrying out every detail given by the physician, work miracles, as thousands can testify who have fallen ill of tuberculosis, but who have fought the good fight and won out.—Dr. Lawrason Brown, Saranac Lake, N. Y.

Use of Common Towel Prohibited.

Not only has the use of the common drinking utensil been prohibited by law, but also the placing of common towels in public places has been made unlawful. This means that the common towel has been barred from every hotel, restaurant, factory, store, barber shop, office building, school, public hall, railroad train, railway station, boat, or any other public place, room or conveyance in California. The use of the common towel is not only an offense against common decency, but it is also obvious that communicable diseases may be transmitted from one person to another by this means. If paper towels are provided, they must be used by one person only and immediately thrown away. They should also be provided in sufficient quantity to accommodate all persons who may desire to use them. Any infractions of this law should be reported promptly to the local health officer within whose territory the infraction may be discovered.

Every man should have some sort of play. What is play for one man may be work for another, but every man and woman should have a play hobby and should follow it enthusiastically—Dr. Donald B. Anderson.

The "Florence Nightingale Pledge." The Nurses' Pledge.

"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischevious, and will not take or knowingly administer any harmful drugs. I will do all in my power to elevate the standards of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care."

It is one of the highest functions of the state to safeguard childhood and protect the public health, and the proper discharge of that function is not paternalistic. No child in the state should be handicapped by a remediable physical defect—Governor Miller, New York.

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one.—Herbert Hoover.

Digitized by Google

MORBIDITY.

Smallpox

Thirty cases of smallpox were reported last week, from the following localities: El Dorado County 2, Glendale 11, Livermore 5, Long Beach 3, Los Angeles 2, Riverside 1, San Luis Obispo County 1, Santa Clara County 4, and Yuba City 1.

Typhoid Fever

Only twelve cases of typhoid were reported last week, distributed among the following communities: Alhambra 1, Berkeley 1, Los Angeles County 2, Los Angeles 4, Sacramento 1, San Francisco 1, Santa Barbara 1, and Sutter County 1.

Ceresbrospinal Meningitis

One case of this disease was reported last week from Los Angeles.

Epidemic Encephalitis

Two cases of epidemic encephalitis were reported last week, one from San Francisco and one from Santa Paula.

Poliomyelitis

San Francisco reported one case of poliomyelitis last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Aug. 5 received by Aug. 8	Week ending			Reports for week ending Aug. 6 received by Aug. 10
	July 15	July 22	July 29		July 16	July 23	July 30	
Anthrax	0	0	0	0	0	0	1	0
Cerebrospinal Meningitis	0	2	2	1	4	4	0	6
Chickenpox	49	42	20	21	70	30	25	26
Diphtheria	112	91	119	83	114	83	102	101
Dysentery (Bacillary)	0	1	15	1	4	3	1	6
Epidemic Encephalitis	1	2	2	2	5	5	1	5
Gonorrhoea	87	87	72	164	85	119	77	95
Influenza	12	6	4	3	16	3	5	30
Leprosy	1	2	0	0	0	1	0	0
Malaria	7	4	7	8	5	12	4	4
Measles	15	13	6	5	101	38	28	24
Mumps	29	10	6	6	52	32	34	24
Plague	0	0	0	0	0	0	0	0
Pneumonia	52	29	60	25	87	25	33	39
Poliomyelitis	2	1	1	1	3	6	11	4
Rabies	0	0	0	0	0	0	0	0
Scarlet Fever	44	35	37	28	51	44	44	29
Smallpox	26	14	15	30	54	28	47	35
Syphilis	109	97	116	137	50	70	121	75
Tuberculosis	160	130	188	112	150	146	192	127
Typhoid Fever	36	34	38	12	28	16	39	32
Whooping Cough	87	61	59	57	74	34	34	54
	829	661	767	696	953	699	799	716

19991 8-22 6000

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 27 · AUGUST 19, 1922 GUY P. JONES EDITOR

Health Officers' Conference, September 19–23.

The annual conference of state, county and municipal health officials will be held at Stanford University, Palo Alto, September 19th to 23d. This meeting will be held in conjunction with the annual convention of the League of California Municipalities. Communications have been addressed to all boards of supervisors and boards of city trustees urging them to send their health officers to the conference. Public health nurses are also invited to attend.

An elaborate program of entertainment features has been prepared. There will be a special luncheon for health officers, a minstrel show, barbecue, athletic contests and many other entertainment features. The program of the health officers' section will include papers on smallpox and diphtheria control, prevention of common children's diseases, garbage disposal, sewage disposal, water supplies, child hygiene, rat extermination and many other subjects.

Pasadena Requires Examination of Food Handlers.

During the month of July more than 550 food handlers were examined in the Pasadena City Health Department in accordance with the requirements of a local ordinance. Pasadena is the only city in California which requires that all handlers of foodstuffs must pass a satisfactory physical examination, showing that they are not suffering from communicable diseases.

U. S. Supreme Court on Public Health.

In a recent opinion in a case with which the public health was concerned, Justice Wanamaker, of the United States Supreme Court, said: "Public health is the very heart of public happiness. The constitutional guarantees of life, liberty and the pursuit of happiness are of little avail unless there be clearly implied therefrom the further guarantee of safeguarding the public health, in order that life, liberty and the pursuit of happiness shall be practical and plenary."

Hanford Appropriates More Money for Public Health.

The Hanford "Journal" quoted editorially the above opinion of Justice Wanamaker and added: "Everyone will welcome the proposal for a better health regime in Hanford and will be glad of the fact that the annual budget made by the city trustees of Hanford has included a little additional money for the furtherance of more definite health regulation. Within the bounds of reason and the public pocketbook every community should go just as far as possible in the matter of promoting public health. In the last analysis all residents are wards of the city. Taxes are paid, administrative offices are supported, departments organized to safeguard our homes and our lives that we may prosper. The city, therefore, exercises a legitimate right in taking a forceful stand for the protection of health, the preservation of life and for the advancement of the standard of good citizenship."

Digitized by Google

Advice to Swimmers.

At this time of the year most deaths from drowning occur. Many of these fatal accidents are due to carelessness and the National Safety Council has issued a few simple recommendations for safety rules for the prevention of such accidents. The Council adds that it is doubtful whether persons unfamiliar with the water ever read such rules or remember them at critical moments if they did, but the rules suggested cover a few simple first principles for swimmers, non-swimmers and canoeists. They are as follows:

Don't swim on a full stomach (wait at least two hours after eating).

Don't swim if overheated.

Don't swim until exhausted.

Don't dive without accurate knowledge of the depth of the water.

Don't struggle if caught in a swift current or undertow (the force of the current will bring you to the surface).

Don't wade into the water with your arms over your head (you will not be ready to stroke if you step into a hole).

Don't lean backward when wading into the water (always be ready to fall forward).

Don't cry for help in fun (you may some time need help and not get it).

Don't fail to learn the Red Cross life saving and resuscitation method (be capable of saving yourself and your companion).

Don't go in swimming alone unless you are an expert.

It is not necessary to pull into the waves back of a passing boat to show that you can handle a canoe.

Keep Stray Dogs Away from Cattle.

Stray and homeless dogs are likely to become rabid. Such animals are largely responsible for the spread of rabies in California. Then, too, a tendency to wander from home is one of the first symptoms of the disease in dogs. Cattlemen and dairymen should never permit stray dogs among cows, horses and cattle, as they are very likely, at the present time, to contract the disease from such dogs. Rabies may cause tremendous losses in live stock and it is important to use every possible preventive measure lest the disease make its appearance among herds of cows, horses and cattle. A dairyman living in Fresno County was bitten last week by a rabid cow. He is now taking the Pasteur treatment. The cow showed all clinical symptoms of rabies and, in addition, the laboratory examination of the animal's brain proved that it was suffering from this disease.

Weekly Radio Talks

(Broadcasted from Station KUO, San Francisco, Wednesday, at 3 p.m.)

Rattlesnakes are said to be more numerous this year, in the isolated districts of California, than they have been for many years and the deaths of at least two children, from rattlesnake bites, have occurred already this summer. During the months of July and August, when the reptiles are shedding their skins, they are unable to see and they strike at their victims blindly and without warning. If a person is bitten by a rattlesnake the wound should be opened by making two incisions at right angles with a sharp clean knife. As much of the poison as possible should then be removed by means of suction and permanganate of potash should be injected directly into the wound. This material can be obtained in any drug store and in most of the sporting goods houses and no one should go on a camping trip without a supply of permanganate of potash. Quick action in the treatment of snake bites is necessary if satisfactory results are to be obtained.

Rabid Cat Bites Eight Persons.

A large cat "ran amuck" in a small town in southern California a few days ago. In the course of its mad flight it bit eight persons, most of whom were children. An examination of the animal's brain in the State Board of Health laboratory at Los Angeles proved that it was suffering from rabies. All of the individuals bitten are taking the Pasteur treatment. This same cat is also known to have bitten a dog. The dog has been placed under observation in order to determine if the disease may develop in the animal.

Another means of preserving health to be attended to is having a constant supply of fresh air in your bedroom.—Benjamin Franklin.

The first wealth is health. Sickness is poor-spirited, and can not serve anyone; it must husband its resources to live. But health, or fullness, answers its own ends, and has to spare; runs over, and inundates the neighborhoods and creeks of other men's necessities.

Digitized by Google

Physical Examinations for Sacramento School Children.

The Sacramento City Board of Education has provided for the physical examination and inspection of children of school age. Dr. George C. Hall, city health officer, has endorsed the establishment of this new work in Sacramento. His statement concerning the value of physical examination of school children follows:

"The physical inspection and examination of children of school age brings forth much valuable information, and such findings give the child who is not physically strong an opportunity to become so.

Recognition of the importance of this work is becoming universally conceded. And much credit is due the Board of Education in the City of Sacramento for its progressive step in establishing a department with the sole purpose of caring for the bodies of the school children. This naturally will increase the mental efficiency of the children. The three R's can not be taught effectively to physically defective children, nor can such children be able to learn as much as if they were well and strong.

Help Reduce Diseases.

Regular inspection by school nurses will reduce the number of children absent from school on account of illness. A child with a contagious disease will naturally be sent home early and before the other children are infected. Preventable communicable diseases may be expected to show a lower rate of incidence during the next school year in Sacramento than in the year just past, if an efficient staff is employed.

There is no bigger or more important subject of Health Department work than the control of communicable diseases, and second in importance is conservation of child life. And these two overlap so regularly that it can be considered one subject to conserve child life and control communicable disease.

This being the case, then it is natural that the health officer of a community is interested, because no other work is nearly so important. It is on this account that the Health Officer has demanded that this work be done in the schools and I am grateful for the present plan. And as stated above, the reports of the next twelve months will prove the move to be an economic saving in health, life, finances and social welfare."

Correcting Defects Early and Living Long Lives.

The late Alexander Graham Bell is another example of a great man who, in his youth, was of frail constitution and became tuberculous, but who, through the application of sound sense, overcame his physical handicaps, developed a rugged constitution, lived a long and extremely useful life and contributed vastly more to society and to civilization than it will ever be possble to measure. Theodore Roosevelt's development from an invalid in his youth to robust manhood in the powerful days that were his is known to almost everyone. History reveals the names of many men of genius who were tuberculous and who died young, crowding their short, brilliant lives with achievement. If Stevenson, Chopin and the many other men of genius who died of tuberculosis in their early years had been able to overcome their physical handicaps and live long, useful lives, how much more might they have contributed to the culture and enjoyment of humanity? Our machinery for the discovery and correction of defects in childhood is very new and as yet we are unable to determine how great the results to be accomplished through this work may be. Perhaps one of its most remarkable results may be the extension of the lives of men of genius who are as yet unborn.

Why Should Rats Live?

In commenting upon the need for the control of plague the Bakersfield "Californian" says: "The bubonic plague is an unpleasant subject, but unpleasant publicity is necessary at times to cure indifference on the part of the public. Humanity is prone to belittle disagreeable possibilities with the remark that 'such a thing is unlikely to happen' and that it is 'no use to cross the bridge until you get to it.'

"In the case of rats it is an excellent plan to destroy them ruthlessly. Who can cite a single reason for the existence of the rat?"

The greatest economic problem that awaits our solution is the conservation of the health of our people. Legislation based on this principle will receive the hearty commendation of all those who have an interest in our country's growth and prosperity.—Public Health.

It costs less to prevent disease than to care for it. HAVEN EMERSON, M.D.

Digitized by Google

MORBIDITY.

Smallpox

Fourteen cases of smallpox were reported last week, being distributed as follows: Bakersfield 1, Calaveras County 1, Calexico 5, Livermore 4, Oakland 1, San Jose 1, Tuolumne County 1.

Typhoid Fever

Last week twenty-one cases of typhoid were reported from the following localities: Anaheim 1, Beaumont 1, Berkeley 1, Kern County 1, Los Angeles County 2, Merced County 1, Orange County 1, Pasadena 2, Redlands 1, Sacramento 4, San Joaquin County 2, San Luis Obispo County 1, Sonoma County 1, Tulare County 1, Turlock 1.

Leprosy

Oakland reported one case of leprosy last week.

Poliomyelitis

Two cases of poliomyelitis were reported last week, one from Chico and one from San Bernardino.

Epidemic Encephalitis

Vallejo reported one case of epidemic encephalitis last week.

Bacillary Dysentery

Tuolumne County reported five cases of bacillary dysentery last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Aug. 12 received by Aug. 15	Week ending			Reports for week ending Aug. 13 received by Aug. 17
	July 22	July 29	Aug. 5		July 23	July 30	Aug. 6	
Anthrax	0	0	0	0	0	1	0	0
Cerebrospinal Meningitis	2	2	1	0	4	0	6	1
Chickenpox	42	20	22	9	30	25	26	18
Diphtheria	91	119	108	37	83	102	105	123
Dysentery (Bacillary)	1	15	5	5	3	1	4	1
Epidemic Encephalitis	2	2	4	1	5	1	5	6
Gonorrhoea	87	72	169	24	119	77	102	57
Influenza	6	4	3	1	3	5	31	2
Leprosy	2	0	0	1	1	0	0	0
Malaria	4	7	12	5	12	4	4	6
Measles	13	6	5	4	38	28	24	10
Mumps	10	6	14	4	32	34	24	22
Plague	0	0	0	0	0	0	0	0
Pneumonia	29	60	67	15	25	33	39	28
Poliomyelitis	1	1	2	2	6	11	5	10
Rabies	0	0	0	0	0	0	0	0
Scarlet Fever	35	37	33	18	44	44	32	38
Smallpox	14	15	31	14	28	47	36	27
Syphilis	97	116	138	32	70	121	76	75
Tuberculosis	130	188	122	42	146	192	130	126
Typhoid Fever	34	38	24	21	16	39	32	30
Whooping Cough	61	59	64	28	34	34	55	59
	661	767	824	263	699	799	736	639

19991 8-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 28 AUGUST 26, 1922 GUY P. JONES EDITOR

Rabies Quarantine for Inyo.

Because of the increasing number of cases of rabies in animals of Inyo County, it became necessary on August 14 for the State Board of Health to declare a quarantine against all dogs in Inyo County. Quarantine, under the meaning of the Rabies Prevention Act, means the strict confinement upon the private premises of the owners under restraint by leash or closed cage or paddock of all animals specified by the quarantine order. Peace officers of Inyo County are cooperating in the enforcement of the quarantine, and it is anticipated that the rabies situation in the county will clear rapidly.

Protecting Dogs Against Rabies.

Dog fanciers are, many of them, securing the immunization of their dogs against rabies. Since rabies is increasingly prevalent in California, such immunization is a wise procedure upon the part of owners of valuable animals. While the Pasteur treatment as applied to animals has not been put to extensive use in the past, it appears that this preventive treatment is being put to much greater use by dog fanciers in many parts of the country. It would seem that kindness to animals could not be better expressed than through this method.

Public Health Progresses in Hanford.

Hanford has a new health officer in Dr. Albert G. Bower, who took office July 1. Dr. Bower, who has had considerable public health experience in the Army, is an enthusiastic organizer and he is working zealously for the development of a full-time health department in Hanford. By the fifteenth of September he will have a public health nurse in the employ of the city health department. Her duties will include the making of sanitary inspections, taking of cultures, visiting the indigent sick in so far as time will permit, physical inspection of school children and routine laboratory analysis. Dr. Bower is active in securing the cooperation of the physicians of his city and plans to provide valuable laboratory service to all practitioners in his community. His program includes dental hygiene, sanitary inspections of all eating houses and places where food is prepared or sold, the efficient reporting and control of communicable diseases and many other important factors in the promotion of public health.

Local Health Departments Advancing.

Public Health in local communities throughout California is progressing at a rapid rate. The organization of full-time health departments, to include all urban and rural territory in one single unit, is now actively under way in both Riverside and San Joaquin counties. Hanford has appropriated more money for its local health department and the health officer has launched a program which will lead to the establishment of a full-time health department in that city. The Palo Alto health department is busily engaged in preparing for the entertainment of the health officers of California who will attend the annual conference to be held in conjunction with the League of California Municipalities' meeting at Palo Alto and Stanford University September 19 to 23. Palo Alto's remarkable

record in public health advances through its full-time health department will provide an incentive for visiting health officers to learn of the methods used there. Berkeley has challenged the world to a contest for cities having populations of 50,000 to 100,000 in the reduction of mortality rates with special reference to infant mortality, accident mortality and adult mortality from communicable diseases. A new mosquito abatement district is in process of formation at Visalia. The most extensive and comprehensive public health exposition ever to be held in California is in the making at Oakland, where it will be held in the municipal auditorium during November. These are only a few of the public health activities now under way in California. They serve as a reminder of the fact that the promotion of public health is an active factor in community life throughout the state.

Women Demand Clean City.

The women of Redondo Beach, three hundred in number, recently presented a petition to the board of city trustees asking that streets, alleys, lots, public places and comfort stations in the city of Redondo be thoroughly cleaned and thereafter kept in a clean and sanitary condition, and offering the cooperation and assistance of the women in making their city strictly sanitary. The petition presented by these women amounts almost to an ultimatum and because of its earnestness is reprinted herewith:

To the Board of Trustees of the City of Redondo Beach.

GENTLEMEN: We, the women of Redondo Beach, request that some action be taken to make Redondo Beach as clean as the sister beach cities.

At present the streets are dirty; the beach is unspeakably dirty with old papers, seaweeds and millions of flies; the comfort stations are misnamed, they repel clean people. None of these accusations are true of the other beach cities.

We are not asking for a clean-up day, that is no more effective than one bath a year. We are asking continuous enforcement for a clean city.

We suggest that rubbish containers be placed on the streets and on the beach so that those who are inclined to be tidy may have the opportunity.

We ask that copies of an ordinance forbidding throwing papers and other garbage on the streets and on the beach, with a fine attached, be posted. We could then report the offense and the offender.

We ask, if possible, that officers be detailed on Sundays and holidays to enforce the city ordinance.

We ask that a woman be kept in attendance all day on Sundays and holidays at comfort stations used by women and children, and that all public comfort stations be made sanitarily clean every day.

We ask that the city clean up all property belonging to the city; and that you, the Trustees, pass an ordinance demanding that property owners keep their premises clean, with the alternative that the city will clean up such premises and charge the expense to the owners.

We realize that the trustees alone can not accomplish these things, but it is necessary for the Trustees to lead the movement and, of course, all official action can be taken by you, the Board of Trustees, only.

We are ready to serve on any committee you may desire to appoint to investigate the conditions here and methods used elsewhere, and to propose plans for your adoption.

We pledge ourselves to assist your honorable body in every way to secure the clean city we all so much desire.

Weekly Radio Talks

(Broadcasted from Station KUO, San Francisco, Wednesday, at 3 p.m.)

DANGERS IN PUBLIC BATHING.

Proprietors of public swimming pools are required by the State Board of Health to provide clean water, clean swimming suits and clean towels. People who use public swimming pools are required to cooperate in keeping the water in swimming pools clean and in complying with the common safety regulations in force at such places. Communicable diseases, such as typhoid fever, common colds, pink-eye, skin diseases and eye, ear, nose and throat infections are contracted often where swimming pools are not kept clean and where swimming suits and towels, not properly sterilized, are provided. Swimming under proper conditions is one of the most healthful of recreations. It is important, however, that swimmers should follow this sport only in clean water and in full observance of the common rules of safety. The swimming season is at its height during the month of August and now is the time when most accidents occur in swimming pools. Swimmers should observe carefully all rules of safety in the prevention of communicable diseases as well as accidents.

Berkeley Challenges the World.

Through an unfortunate error in the report on infant mortality in cities of the United States, issued recently by the American Child Hygiene Association, Berkeley was not given credit for having the lowest infant mortality rate of any city among those having populations of 50,000 to 100,000. In the summary of the report, Long Beach, California, was credited with having the lowest rate for cities in this class; Rockford, Illinois, was credited with the same rate, 54; and Covington, Kentucky, was credited with the next lowest rate, 57. The classification should have been as follows:

Berkeley, California	39
East Orange, New Jersey	43
Long Beach, California	54
Rockford, Illinois	54

This mistake has had the effect of urging the people of Berkeley to reduce

Digitized by Google

its mortality rate still lower and has taken the form of a challenge to all cities of the United States with populations between 50,000 and 100,000 to participate in a contest in the reduction of all mortality rates. The Berkeley Chamber of Commerce has appointed a committee composed of the health officer, the chief of police, University of California professors, prominent physicians, Red Cross officials, Safety Council representatives and other influential citizens, all of whom will be called upon to assist in outlining the proposed plan of campaign. The contest is to take the form of enacting a program for the reduction of infant mortality, accident mortality and adult mortality from disease.

Effective Health Education.

Dr. Ray Lyman Wilbur, president of Stanford University, according to an editorial in the *Nation's Health*, has said that the teacher who is to do really effective work in health education must think biologically and cause her pupils to think biologically, and not merely "put over the rules." The editorial continues, "It is desirable to form health habits which will be useful at the moment, but it is also important to give the child a sound knowledge of the principles of physiology and hygiene so that in the future it can modify its habits intelligently as the need may arise. It is indeed well to emphasize the acquisition of health habits as the primary objective of health education; it is well to develop all the resources of correlation and extra-curricular inspirational technic, but it is important also to provide for sound systematic classroom instruction in the fundamental biological principles upon which healthy living must be based."

Examination for Public Health Nurse.

Last day for filing applications in Sacramento, September 11, 1922.

The California State Civil Service Commission announces an examination for the position of Public Health Nurse with the State Board of Health, to be held in Sacramento, San Francisco and Los Angeles as soon as possible after September 11, 1922. The salary range is from $150 to $175 a month.

The duties of the position are, under specific direction and assignment, to perform such field nursing or public welfare work as may be required in the investigation, reporting, prevention and correction of diseases or conditions unfavorable to the health or welfare of individuals or communities; for example, to supervise the health of school children; to visit parents for the purpose of securing treatment for children needing it; to look for unreported cases of infectious diseases, and give practical instruction in their prevention and care; and to perform other related work.

Candidates must have had education equivalent to high school graduation; must have secured registration as a nurse in the State of California; must have completed a post-graduate university course in public health nursing, or have had equivalent experience in public health nursing; and must possess ability to instruct others and to write reports of investigations made, as well as affability, tact and good judgment.

The examination is open to all American citizens who have reached their twenty-first but not their sixty-first birthday, who are in good physical condition, and who meet the requirements outlined above.

The examination will be entirely oral, and will be conducted by a special board of examiners appointed for the purpose by the Civil Service Commission. Candidates must secure a rating of at least 70 per cent in this oral interview in order to pass the examination.

Persons desiring to enter this examination may secure application blanks from the State Civil Service Commission at Room 331, Forum Building, Sacramento; and Room 1007, Hall of Records, Los Angeles; and from the following offices of the State Free Employmnt Bureau:

771 Howard St., San Francisco (Men);
Pacific Building, San Francisco (Women);
401 Tenth St., Oakland;
176 So. Market St., San Jose;
916 H St., Fresno;
200 So. San Joaquin St., Stockton;
206 Court St., Los Angeles (Men);
Tajo Building, Los Angeles (Women).

Santa Rosa Wants Sanitary Inspector.

The city council of Santa Rosa is reported to have recently passed an ordinance assessing each food dispensing merchant the sum of $5 a year, the proceeds of which ordinance are to be devoted to the employment of a sanitary inspector. It seems unthinkable that merchants would attempt to block a measure that would undoubtedly prove a direct benefit to their business. It seems, however, that twenty such merchants of Santa Rosa have engaged an attorney for the purpose of fighting the new ordinance on the ground that it is class legislation. Santa Rosa is one of the most progressive cities in California and it is certain that the people of the city will secure the services of a food inspector and that a satisfactory method of financing his employment will be devised.

Digitized by Google

MORBIDITY.

Smallpox

Smallpox is on the decrease, only ten cases being reported last week. The distribution is as follows: Livermore 1, Long Beach 1, Los Angeles 1, Monterey County 1, Oakland 3, San Jose 1, San Luis Obispo 1, Santa Clara County 1.

Typhoid Fever

Sixteen cases of typhoid were reported last week from the following localities: Lincoln 1, Long Beach 1, Los Angeles 2, Orange County 1, Pacific Grove 1, Redlands 1, Sacramento County 1, Sacramento 1, San Bernardino County 2, San Francisco 2, San Joaquin County 1, San Luis Obispo County 1, Tulare County 1.

Epidemic Encephalitis

Santa Barbara County reported one case of epidemic encephalitis last week.

Cerebrospinal Meningitis.

Four cases of cerebrospinal meningitis were reported last week, one each from Gilroy, Long Beach, Los Angeles and Stockton.

Infectious Jaundice.

Santa Paula reported one case of infectious jaundice last week.

Soundness of mind is the master key to all human effort and progress.—Sir Thomas Clouston.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Aug. 19 received by Aug. 22	Week ending			Reports for week ending Aug. 20 received by Aug. 24
	July 29	Aug. 5	Aug. 12		July 30	Aug. 6	Aug. 13	
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal Meningitis	2	1	1	4	0	6	3	6
Chickenpox	20	22	26	13	25	26	18	16
Diphtheria	119	107	123	91	102	105	125	125
Dysentery (Bacillary)	16	5	16	1	1	4	1	0
Epidemic Encephalitis	2	4	5	1	1	5	5	6
Gonorrhoea	72	169	105	74	77	102	60	63
Infectious Jaundice	0	0	0	1	0	0	0	0
Influenza	4	3	7	6	5	31	2	12
Leprosy	0	0	2	0	0	0	0	0
Malaria	7	12	9	3	4	4	6	2
Measles	6	5	9	9	28	24	10	5
Mumps	6	14	10	12	34	24	29	29
Pneumonia	60	67	43	25	33	39	28	74
Poliomyelitis	1	2	7	0	11	5	12	4
Rabies	0	0	0	0	0	0	0	0
Scarlet Fever	37	33	34	27	44	32	40	29
Smallpox	15	31	16	10	47	36	28	25
Syphilis	116	138	120	99	121	76	75	105
Tuberculosis	188	122	152	110	192	130	172	89
Typhoid Fever	38	24	36	16	39	32	36	41
Whooping Cough	59	64	59	47	34	55	59	17
	768	823	780	549	799	736	709	648

19991 8-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 29 SEPTEMBER 2, 1922 GUY P. JONES EDITOR

Public Health Nurse Examination.

Public health nurses who desire to take the examination for the position of public health nurse with the State Board of Health must file their applications in Sacramento with the State Civil Service Commission on or before September 11, 1922. Announcement of this examination was made in last week's BULLETIN. The duties of the position are, under specific direction and assignment, to perform such field nursing or public welfare work as may be required in the investigation, reporting, prevention and correction of diseases or conditions unfavorable to the health or welfare of individuals or communities; for example, to supervise the health of school children; to visit parents for the purpose of securing treatment for children needing it; to look for unreported cases of infectious diseases, and give practical instruction in their prevention and care; and to perform other related work. Full information concerning this examination may be obtained from the State Civil Service Commission at Room 331, Forum Building, Sacramento, and Room 1007, Hall of Records, Los Angeles, as well as from offices of the State Free Employment Bureau in San Francisco, Oakland, San Jose, Fresno, Stockton and Los Angeles.

Health Officers to Meet This Month.

The tentative program for the annual conference of health officers is published herewith. All of the entertainment features can not be announced yet and all of the subjects for the papers to be presented must also be withheld for a few days. It is certain, however, that the health officers will conclude their convention with a trout dinner at La Honda among the redwood trees of the Santa Cruz Mountains. An attractive dining room is available for the use of the health officers and the usual round of speech-making will be indulged in. On the evening of the first day of the conference, September 19, a barbecue will be given for the entertainment of all delegates. A large attendance of health officers at this conference is expected.

Tentative Program
California League of Municipalities
Health Officers' Section
September 19 to 22, 1922.

Tuesday, September 19.

MORNING.

9.00–10.00 Registration and assignment of rooms.

10.10–11.00 Joint session with entire League.

11.10–12.00 Joint session—"Public Health," Dr. Ray Lyman Wilbur, President American Medical Association.

HEALTH OFFICERS' SECTION.

AFTERNOON.

2.00 1. Opening Address. Dr. W. M. Dickie, Secretary, State Board of Health.

2. Appointment of Committees.

3. Reduction of Children's Diseases by Proper Control Measures. Mr. Louis Olsen, Health Officer, Palo Alto.

4. Plague in California. Senior Surgeon J. C. Perry, San Francisco, U. S. Public Health Service.

5. Infectious Jaundice. Dr. Frank L. Kelly, Epidemiologist, State Board of Health.

EVENING.

8.00 Barbecue.

Digitized by Google

Wednesday, September 20.

MORNING.

9.00 1. Alastrim and Smallpox. Dr. John N. Force, Department of Hygiene, University of California.

Discussion led by Dr. H. E. Foster, Health Officer, Oakland.

2. Control of Smallpox. Dr. P. J. Cuneo, Health Officer, Bakersfield.

3. Physical Difficulties in Control of Malaria. Mr. Robert E. Hackley, Palo Alto, Superintendent, Matadero Mosquito Abatement District.

Discussion led by Dr. Sherman T. White, Redding, Health Officer, Shasta County.

4. Water Supply and Sewage Disposal for Small Units. Mr. C. G. Gillespie, Berkeley.

AFTERNOON.

2.00 1. Program for Rural Child Hygiene Work.

2. Infant and Preschool Age Period, with Special Reference to Health. Dr. Adelaide Brown, San Francisco, Member, California State Board of Health.

3. Public Health Nursing. Miss Mary L. Cole, American Red Cross, San Francisco.

4. Tuberculosis. Mrs. Tate-Thompson, Director, Bureau of Tuberculosis, State Board of Health.

5. Adjusting Typhoid Fever Morbidity Reports. Miss Ida May Stevens, Assistant Epidemiologist, State Board of Health.

EVENING.

8.00 Joint session—"Public Health"—"The full-time public health program and its economic factors." Dr. W. M. Dickie, Secretary, State Board of Health.

"Advantages of county, state and municipal cooperation in better local health government." Dr. J. L. Pomeroy, Los Angeles County Health Officer.

Thursday, September 21.

MORNING.

9.00 1. Control of Rat Population. Dr. Ernest C. Pape, Health officer, Berkeley.

2. Paper (subject to be announced later). Dr. Wm. C. Hassler, Health Officer, San Francisco.

Discussion led by Dr. Alex. M. Lesem, Health Officer, San Diego.

3. Virulence Test as Control Measure for Diphtheria. Dr. W. H. Kellogg, Director, State Hygienic Laboratory, Berkeley.

Discussion led by Dr. M. L. Fernandez, Health Officer, Pinole.

4. Our Present Day Knowledge in the Control of Diphtheria. Dr. E. C. Fleischner, San Francisco, Associate Professor of Pediatrics, U. C. Medical School.

Discussion led by Dr. H. C. Brown, Health Officer, San Jose.

AFTERNOON.

Trout luncheon at La Honda.

The slum is logically the last place of abode for the dissipated individual. It did not create him; he created it, and he feeds it with his offspring.

Southern California Broadcasts Health Talk.

Public health talks are now broadcasted regularly from Station KUY at El Monte. The first talk was broadcasted by Dr. J. L. Pomeroy, health officer of Los Angeles County, and the second lecture was given by Dr. J. W. Robinson, deputy health officer of Los Angeles County. Dr. G. J. Telfer, district health officer, California State Board of Health, has also used this station in broadcasting information concerning public health matters in southern California. Arrangements have been made by which twenty minutes, every two weeks, will be devoted to the dissemination of health news from Station KUY.

Biennial Report in Preparation.

The twenty-seventh biennial report of the California State Board of Health is about ready for the printer, and will contain a vast amount of information concerning public health progress throughout the state. The California State Board of Health was organized in April of 1870, and has published a report every two years since that time, with the exception of the fifteenth biennial report which, because of the veto of the bill providing for state printing by the Governor, did not find its way into print.

The Beginnings of Child Welfare.

We are accustomed to regard work in child hygiene as an innovation, but the *World's Health* says that the earliest child welfare movement on record is to the credit of the ancient Romans. This consisted in the foundation, by the Emperor Trojan, of a public fund for abandoned infants. The funds for this purpose were procured in a most business-like manner, sums of money being lent to landowners for the development of their estates and the interest on such loans applied to the financing of the infant welfare scheme. Even Nero is reputed to have given the question a good deal of earnest consideration, without, however, any tangible results! At the beginning of the fourth century, the Emperor Constantine devoted considerable sums from his own privy purse to the assistance of needy parents of newly born children in an endeavor to check the practice of desertion so prevalent at that time.

Brush your teeth before you brush your shoes. The teeth are more important.—Michigan Public Health.

Digitized by Google

Automobile Tourists of the World Organized.

There is a new organization of automobile camping tourists called "The Tin Can Tourists of the World." The headquarters of this organization is in Texas and the chief officer is called "the royal can opener." There are no dues and no fees, but there is a constitution as well as by-laws, and one of the most important articles in the by-laws reads as follows: "It shall be the duty of all members to insist that campers leave clean grounds, leave no fires, destroy no property and purloin nothing."

In the preamble of the constitution it is stated that the object of the organization is to become better acquainted with fellow travelers and to enforce the rules of all camp grounds "wherever we are given proper accommodations." In spite of the frivolity with which this organization seems to be imbued, it may have a serious purpose and may produce definite results in securing better public camping accommodations and in securing better observance of the rules and regulations of public camp grounds.

To Celebrate Health Days.

An effort is being made to secure the observance in all schools, churches, industrial plants and other places of three "health days," December 8, 9, 10. The chief object of this celebration lies in the stimulation of interest in periodical health examinations. Dr. Haven Emerson, who lectured in the summer session of the University of California, was instrumental in arousing considerable interest among Californians in periodic medical examination. The medical and physical examinations of persons who assume that they are in good health is a matter of great importance. This work should lead to the prevention of disease or to the eradication of diseases in an incipient stage. The physician who is engaged in this examination has his field of service doubled, as he practices both preventive as well as curative medicine. The "health days" campaign, which is sponsored by the National Health Council, has for its objective the promotion of personal and public health. It is an enterprise in which the medical profession, health authorities, social and educational workers may unite in the assurance that they are promoting a vital factor in the nation's health.

Friday, December 8, will be observed as children's health day; Saturday, December 9, as health examination day, and Sunday, December 10, will be health Sunday. The following organizations, constituting the National Health Council, are sponsoring the plan: American Public Health Association, American Red Cross, American Social Hygiene Association, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities of North America, Council on Health and Public Instruction of the American Medical Association, National Child Health Council, National Committee for Mental Hygiene, National Organization for Public Health Nursing, National Tuberculosis Association, American Child Hygiene Association, Child Health Organization of America, National Child Labor Committee and the United States Public Health Service as a conference member.

The canker of disease gnaws at the very root of our national strength. The sufferers are not few or insignificant. They are the bread winners for at least a third part of our population. That they have causes of disease indolently left to blight them amid their toil is surely an intolerable wrong. And to be able to redress that wrong is perhaps among the greatest opportunities for good which human institutions can afford.—Sir John Simon.

Public health is the very heart of public happiness. The constitutional guarantees of life, liberty and the pursuit of happiness are of little avail unless there be clearly implied therefrom the further guarantee of safeguarding the public health, in order that life, liberty and the pursuit of happiness shall be practical and plenary.—Justice Wanamaker.

The goals of health instruction are to establish health habits, to give the child the practical knowledge in the principles of healthful living, to develop health ideals, to assume a sense of individual responsibility for the health of the community, and community responsibility for the health of the individual.

If I were to offer a prayer, it would be, first, for the spiritual excellence of our nation, and, next, for well being in health. In order to effect the physically perfect, I would expect to begin with the children.—President Warren G. Harding.

We should be ready in season and out of season, if such a time may be imagined, to give battle for health, since this is the first in importance in the plan of life.

Some people say if the working man's wages were raised, his health would be improved. It is still truer that if his health were improved, his wages would be increased.—Fisher.

The greatest influence on health is exerted by those things which we most freely and frequently require for our existence, and this is especially true of water and air.—Aristotle.

The best charity in any community is a spirit which will demand the enforcement of proper sanitary laws.—Wyman.

Only catastrophe can convince the mass of the people of the possibility of catastrophe.—H. G. Wells.

Digitized by Google

MORBIDITY.

Smallpox.

Last week twenty-two cases of smallpox were reported from the following localities: Calaveras County 1, Livermore 4, Los Angeles County 1, Los Angeles 6, Modesto 4, Oakland 1, San Jose 3, and Santa Clara 2.

Typhoid Fever.

Twenty-six cases of typhoid fever were reported last week. The distribution was as follows: Dinuba 4, Kings County 1, Los Angeles County 2, Los Angeles 6, Oakland 3, Orange County 2, Richmond 1, Sacramento 3, San Bernardino 2, and San Joaquin County 2.

Cerebrospinal Meningitis.

Los Angeles reported one case of this disease last week.

Epidemic Encephalitis.

Los Angeles reported one case of this disease last week.

Infectious Jaundice.

Berkeley reported one case of infectious jaundice last week.

Money appropriated for public health work is an investment, not an expense.—Ravenel.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Aug. 26 received by Aug. 30	Week ending			Reports for week ending Aug. 27 received by Aug. 31
	Aug. 5	Aug. 12	Aug. 19		Aug. 6	Aug. 13	Aug. 20	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	1	3	1	6	3	6	1
Chickenpox	22	26	13	8	26	18	16	22
Diphtheria	107	123	100	94	105	125	132	119
Dysentery (Bacillary)	5	6	2	0	4	1	0	2
Epidemic Encephalitis	4	5	1	1	5	5	6	5
Gonorrhoea	169	105	75	72	102	60	66	74
Infectious Jaundice	0	0	1	1	0	0	0	0
Influenza	3	7	6	5	31	2	12	12
Leprosy	0	2	0	0	0	0	0	0
Malaria	12	9	3	11	4	6	2	5
Measles	5	9	9	7	24	10	6	7
Mumps	14	10	12	8	24	29	30	36
Pneumonia	67	43	29	34	39	28	74	29
Poliomyelitis	2	7	0	0	5	12	4	6
Rabies	0	0	0	0	0	0	0	0
Scarlet Fever	33	34	32	26	32	40	33	45
Smallpox	31	16	15	22	36	28	25	30
Syphilis	138	120	100	78	76	75	107	73
Tuberculosis	122	152	143	72	130	172	106	136
Typhoid Fever	24	36	28	26	32	36	42	31
Whooping Cough	64	59	59	37	55	59	17	53
	823	770	631	503	736	709	684	686

19991 9-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

HEALTH OFFICERS' CONFERENCE NUMBER

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

LANE MEDICAL LIBRARY

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 30 SEPTEMBER 9, 1922 GUY P. JONES EDITOR

PROGRAM
HEALTH OFFICERS' SECTION
LEAGUE OF CALIFORNIA MUNICIPALITIES
September 19 to 22, 1922.

Tuesday, September 19.

MORNING.

9.00–10.00 Registration and assignment of rooms.
10.00–11.00 Joint session with entire League.
11.00–12.00 Joint session—"Public Health," Dr. Ray Lyman Wilbur, President American Medical Association.

HEALTH OFFICERS' SECTION.

AFTERNOON.

2.00 1. Opening Address. Dr. W. M. Dickie, Secretary, State Board of Health.
2. Appointment of Committees.
3. Reduction of Children's Diseases by Proper Control Measures. Mr. Louis Olsen, Health Officer, Palo Alto.
4. Address (subject to be selected). Dr. Wm. C. Hassler, Health Officer, San Francisco.
5. Plague in California. Senior Surgeon J. C. Perry, U. S. Public Health Service.
6. Rabies. Dr. L. M. Powers, Health Commissioner, Los Angeles.

EVENING.

8.00 Barbecue.

Digitized by Google

Wednesday, September 20.

MORNING.

9.00 1. Alastrim and Smallpox. Dr. John N. Force, Associate Professor Epidemiology, University of California.
Discussion led by Dr. H. E. Foster, Health Officer, Oakland.

2. Control of Smallpox. Dr. P. J. Cuneo, Health Officer, Bakersfield.

3. Control of Malaria in California. Mr. R. E. Hackley, Manager, Matadera Mosquito Abatement District, Palo Alto.
Discussion led by Dr. Sherman T. White, Health Officer, Shasta County.

4. Water Supply and Sewage Disposal for Small Units. Mr. C. G. Gillespie, C.E.

AFTERNOON.

2.00 1. Program for Rural Child Hygiene Work. Dr. Ellen Stadtmuller, Director, Bureau of Child Hygiene, California State Board of Health.

2. Infant and Preschool Age Period with Special Reference to Health. Dr. Adelaide Brown, Member, California State Board of Health.

3. Public Health Nursing. Mary L. Cole, R.N., Director, Public Health Nursing, American Red Cross.

4. Infectious Jaundice. Dr. Frank L. Kelly, Epidemiologist, State Board of Health.

5. Adjusting Typhoid Fever Morbidity Reports. Miss Ida May Stevens, Assistant Epidemiologist, California State Board of Health.

EVENING.

8.00 Joint session—"Public Health"—"The full-time public health program and its economic factors." Dr. W. M. Dickie, Secretary, State Board of Health.

"Advantages of county, state and municipal cooperation in better local health government." Dr. J. L. Pomeroy, Los Angeles County Health Officer.

Thursday, September 21.

MORNING.

9.00 1. Control and Sanitation of Food Shops. Dr. Ernest C. Pape, Health Officer, Berkeley.

2. Virulence Test as Control Measure of Diphtheria. Dr. W. H. Kellogg, Director, State Hygiene Laboratory, Berkeley.
Discussion led by Dr. John N. Force, Associate Professor, Epidemiology, University of California, Berkeley.

Digitized by Google

3. Our Present Day Knowledge in the Control of Diphtheria. Dr. E. C. Fleischner, Associate Professor of Pediatrics, U. C. Medical School, San Francisco.

Discussion led by Dr. H. C. Brown, Health Officer, San Jose.

AFTERNOON.

Scenic drive over Santa Cruz Mountains to La Honda. Trout dinner Bonzagni's Lodge, La Honda Canyon.

ANNUAL HEALTH OFFICERS' CONFERENCE.

The final program for the annual conference of state, county and municipal health officials, to be held in Palo Alto and Stanford University, September 19th to 23d, 1922, is printed in this issue of the Weekly Bulletin.

Dr. F. W. Browning, Secretary of the Health Officers' Section of the League of California Municipalities, in conjunction with which organization the health officers' conference will be held, advises all health officers in the state to attend the conference, not only for the benefits which they will receive in the conference itself, but also that they may enjoy the attractive entertainment features that have been planned.

On the evening of the first day a barbecue will be given for all persons attending the convention, and on the afternoon of the final day the health officers will take a scenic drive over the Santa Cruz mountains to La Honda where a trout dinner will be given at Bonzagni Lodge in La Honda Canyon. Dr. Browning states that this will constitute the climax of the convention. The dinner, it is said, can not be surpassed in excellence and the drive over the mountains will be one of the most enjoyable features imaginable. There will be a number of eloquent after-dinner speakers in attendance, and this affair will probably be one of the most interesting entertainment features that has ever been staged at a health officers' conference.

The joint session with the League of California Municipalities on the evening of the second day will be one of the most important meetings of the session. At that time Dr. W. M. Dickie, Secretary of the California State Board of Health, will present his paper upon the "Full-time Health Program and Its Economic Factors." Dr. J. L. Pomeroy, Health Officer of Los Angeles County, will present a paper upon the "Advantages of County, State and Municipal Cooperation in Better Local Health Government."

Dr. E. C. Fleischner, Associate Professor of Pediatrics of the University of California Medical School, on the third day, will present a paper upon "Our Present Day Knowledge in the Control of Diphtheria."

Mention must also be made of the joint session with the league on the morning of the first day, at which time Dr. Ray Lyman Wilbur, President of the American Medical Association, and President of Stanford University, will present a paper on "Public Health." Dr. Wilbur's address should not be missed by any health officer in the state, and all delegates should without fail be in attendance early Tuesday morning, September 19th, in order that they may hear this important address.

Digitized by Google

MANY NEW SEWER SYSTEMS.

Nine southern California cities have voted this year nearly two million dollars to be used for the installation and improvement of their sewer systems. Following are the amounts voted by each city:

Alhambra	$300,000
La Mesa	12,000
Long Beach	100,000
Los Angeles	475,000
Pasadena	412,000
Santa Ana	561,000
San Luis Obispo	35,000
South Pasadena	40,000
Whittier	145,000
Total	$1,780,000

The city of Watts has advertised for bids to install a sewer system under the Vrooman Act, at a cost of $150,000. Glendale is constructing a sewage treatment plant at a cost of $10,000 from funds raised previously. Culver City has $75,000 worth of sewer bonds yet to be appropriated. In Ventura, Ojai, Pomona, Mission Beach and Burbank plans are under way for making new bond issues within the next six months.

"For full indeed is earth of woes, and full the sea; and in the day as well as night diseases unbidden haunt mankind, silently bearing ills to men."—Hesiod.

MORBIDITY.

Smallpox.

Only three cases of smallpox were reported last week, one each from El Dorado County, Los Angeles and San Francisco.

Typhoid Fever.

Nine cases of typhoid were reported last week, being distributed as follows: Los Angeles County 1, Los Angeles 5, Richmond 1 and San Francisco 2.

Epidemic Encephalitis.

Modoc County reported one case of epidemic encephalitis last week.

Anthrax.

San Joaquin County reported one case of anthrax last week.

There is good authority for the statement that from 10 to 15 per cent of the population at large could not, under ordinary circumstances, excluding the influence of accidents, be made insane. This assertion is not a rash one, although we frequently hear it said that insanity is an affliction to which all mankind are alike subject. If, then, 10 to 15 per cent of the race are proof against mental breakdown, even in this age in which insanity is so prevalent, is it not encouraging to hope that under better conditions than we now have, a much higher, yea, a very high ratio may be attained, until mental health shall cover the land as the waters cover the sea?—R. H. Chase.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 2 received by Sept. 5	Week ending			Reports for week ending Sept. 3 received by Sept. 7
	Aug. 12	Aug. 19	Aug. 26		Aug. 13	Aug. 20	Aug. 27	
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	1	3	2	0	3	6	1	3
Chickenpox	26	13	18	24	18	16	23	7
Diphtheria	123	100	95	68	125	132	121	83
Dysentery (Bacillary)	6	2	0	1	1	0	2	6
Epidemic Encephalitis	5	1	2	1	5	6	5	1
Gonorrhoea	105	75	86	100	60	66	74	92
Influenza	7	6	5	8	2	12	12	3
Leprosy	2	0	0	0	0	0	0	0
Malaria	9	3	12	4	6	2	5	16
Measles	9	9	12	5	10	6	7	2
Mumps	10	12	9	9	29	30	36	22
Pneumonia	43	29	40	38	28	74	29	34
Poliomyelitis	7	0	0	0	12	4	8	9
Scarlet Fever	34	32	30	32	40	33	46	33
Smallpox	16	15	22	3	28	25	30	28
Syphilis	120	100	86	89	75	107	66	106
Tuberculosis	154	143	94	90	172	106	139	121
Typhoid Fever	35	28	27	9	36	42	30	23
Whooping Cough	59	59	47	26	59	17	53	30
	771	631	587	508	709	684	687	609

19991 9-22 600

CALIFORNIA STATE PRINTING OFFICE.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 31 SEPTEMBER 16, 1922 GUY P. JONES EDITOR

Stage Set for Annual Health Officers Conference.

By the time this bulletin reaches its readers the health officers of California will be assembled at Stanford University, Palo Alto, for the purpose of discussing the most important and conspicuous health problems of the day. The sessions will last from Tuesday noon to Thursday night and every minute of the time will be devoted to enthusiastic discussions of the problems that most deeply concern the various communities of the state. When the health officers and public health nurses return from this conference they will be full of enthusiasm and will be better able to administer and fulfill the duties that fall upon them in their daily community work.

Counties Appropriate Funds for Full-Time Health Departments

Monterey, San Luis Obispo and Riverside counties have each appropriated $5,000 for the establishment of full-time health departments in their respective counties. San Joaquin County has about completed plans for the establishment of such a department.

The interest and activity manifested by boards of supervisors in these counties speaks well for the success of the full-time health department plan in this state. The final organization of departments in these counties will be completed soon and then California will have an opportunity of providing demonstrations to show what a well-organized full-time county health department may be able to accomplish in promoting and conserving the health of its people.

Rabies Quarantine Placed on Mono

A quarantine against dogs in Mono County was established September 12th by the State Board of Health. This action became necessary because of the presence of rabies in the southern part of the county. A similar quarantine was recently placed upon Inyo County because of the prevalence of rabies there. On September 11th a quarantine against dogs was placed upon the city of Glendale at the request of the city health officer.

Successful Hospital Conference at Pasadena

An epoch in hospital administration was marked in the Second Annual Conference of the Hospitals of California, held under the auspices of the League for the Conservation of Public Health, September 5th to 8th, at Hotel Maryland, Pasadena. A large and exceedingly interested audience, representing about seventy hospitals of the state, and including members of boards of directors of hospitals, superintendents, hospital architects, hospital accountants, attorneys, physicians, nurses, physio-therapists, dietitians, and other workers in hos-

Digitized by Google

pitals was present throughout the entire conference.

The program was admirably arranged from the standpoint of construction and continuity. The discussion ranged through the purposes of hospitals, their financing, construction, equipping, furnishing, administration, installation of departments; the medical staff, the nursing service, the cost accounting system; covering, in fact, all points concerned in good hospital service.

Intense interest was shown throughout each session, morning and afternoon, and followed on into luncheon, dinner and evening parleys in the hotel lobby. The papers and discussions kept very closely to the League slogan: "Better hospitals—better service." Surely no more sincere group of people working in the interest of public welfare has ever assembled in California.

There were many nurses present, and each day a large round table was reserved in the dining room at which, during lunch, nursing topics were discussed. The first day Mrs. R. I. Wark, Superintendent of Nurses of the Good Samaritan Hospital, Los Angeles, presided, and introduced the topic: "Relation of Theory to Practice Work at the Bedside." The second day Miss Gould Joninon, Director of Surgical Nursing, San Francisco Hospital, and who represented the hospital at the conference, presided, taking as her topic: "Training of Nurses in Surgical Work." The discussion during these sessions was interesting and valuable. On Thursday evening a dinner was given under the auspices of the State League of Nursing Education, with Miss Lina L. Davis, President, presiding. Members of the conference were invited to participate in this, and a number were present who are interested in the advance of nursing education. The speakers of the evening were: Mrs. Robert Burdette, who spoke on "The Relation and Responsibilities of the Board of Directors and the Training School Committee to the School of Nursing"; Dr. Charles E. Lockwood, who spoke on "The School of Nursing a Separate Institution; Endowment of Schools of Nursing"; Dr. W. E. Musgrave, who spoke on "Nursing Education."

It was without any doubt a remarkable conference and the program could well have occupied another week, judging from the enthusiasm manifested and eagerness to obtain all the light possible on the problems involved in hospital administration.

Psychopathic Hospitals Would Save State Money

Public health authorities in California have, for years, watched the population in state hospitals for the mentally diseased increase each month until, at the present time, no less than 13,000 individuals are inmates of such institutions. This means that these 13,000 persons are housed, fed, clothed and provided with nursing and medical attendance at the expense of the taxpayers. This means that the state is supporting and providing hospital care for a unit of population that is larger than the 1920 census populations of either Eureka, Santa Cruz, Glendale or Venice. In spite of these facts, practically nothing is being done to decrease the number of admissions to state hospitals and the expenses for the maintenance are mounting higher and higher each year. As a matter of economy only, to say nothing of the humanitarian side of the case, psychopathic hospitals should be established in the large centers of population. Dr. Robert Louis Richards sets forth very clearly the reasons why such hospitals should be established in the following article reprinted from the San Francisco *Chronicle:*

"Psychopathic hospitals are a vital necessity in California, as in other states, for humanitarian, sociological, educational and financial reasons, as well as public safety. Most of the murders committed by the insane, the horrible crimes against children—to say nothing of the countless minor offenses—are manifestly not committed by the insane in mental hospitals. However, lack of space prevents the consideration in this article of anything but financial aspects.

"In the year 1920 California spent about $3,000,000 for 10,000 mentally sick. Recent newspaper statements of an increase of 480 patients would add $144,000 to this. This estimate does not include depreciation of buildings and equipment, interest on investment, or the value of farm products, which are figured only in the cost of production, the amount of this expenditure is constantly increasing, and it is good business to see if in any way the increase can

Digitized by Google

be stopped. Since the per capita cost in California is one-fourth that of general hospitals and less than the per capita cost in many states, it is manifest that we must reduce the number of patients by decreasing the admissions to and increasing the discharges from state hospitals, which can be done by early diagnosis and treatment in psychopathic hospitals and out clinics. At present, by law, California can care for only those who are legally public nuisances and for those who come voluntarily. (Only 7 per cent come voluntarily.)

"To reduce the number of patients there are several methods already successfully used in other states, and these can be used in California. We must have psychopathic hospitals in the centers of population for the study and treatment of acute mental conditions, and as many out patient clinics and wards as possible for the treatment before admission to and after discharge from state hospitals. The histories of patients now in state hospitals show usually abnormal mental personalities, psychoneuroses and finally psychoses. These patients should have been treated earlier, when, in many notable instances, they could have been cured and become valuable members of the community instead of chronic invalids in state hospitals. Psychopathic hospital records show that only 20 per cent to 40 per cent of those treated are sent to state hospitals for further treatment.

"There are cases in the state hospitals that could be discharged if we had in the communities the care and treatment of psychopathic hospitals and proper supervision. This is done in New York and Massachusetts and in some European countries, but in no instance without proper care and supervision. California can save a large amount in this way.

"It is estimated that California loses $2,000,000 each year because of retarded pupils. It is now known that this is a problem of studying the individual's mentality and not simply of mental testing. Psychopathic hospitals are necessary for the proper solution of this problem.

"Social problems, drug addiction, criminality, are essentially problems of individual mentality and can never be efficiently approached without the means furnished by psychopathic hospitals. Their financial costs to the communities are admittedly enormous. Can we then afford to be without psychopathic hospitals? Shall we continue indefinitely to increase our state hospital expenses? Shall we lose $2,000,000 annually in our schools and make no effort to avoid this loss and restore these pupils to their proper educational status? Shall we simply remove the social offender, the drug addict, the criminal from our sight and not study the reasons for their existence? Or shall we use good business judgment—stop the waste, increase our production and insure against unavoidable catastrophes?"

Federal Positions Open to Nurses and Dietitians.

The United States Veterans' Bureau needs dietitians, graduate nurses, rehabilitation assistants, reconstruction aides and assistants in physiotherapy and occupational therapy, men and women, for service in rehabilitation of disabled veterans.

Rehabilitation assistants act as representatives of the Veterans' Bureau in the administration of the laws relating to the rehabilitation of disabled veterans; the inspection of training facilities and courses of training; the supervision of both institutional and placement training, etc.

Reconstruction aides and assistants (physiotherapy) administer treatment such as massage, electrotherapy, hydrotherapy, mechanotherapy, thermotherapy; active, passive, restive and assistive exercises, and remedial gymnastics, etc.

Reconstruction aides and assistants (occupational therapy) give instruction in arts and crafts.

Applications for these positions will be received by the United States Civil Service Commission until further notice. Applicants will be rated upon their general and special education and their training and experience in the line of work for which they make application.

For full information regarding salaries, requirements, and conditions of employment, and for application blanks, address, stating kind of work desired, the United States Civil Service Commission, Washington, D. C., or the Secretary of the U. S. Civil Service Board at the post office or custom house in any city.

Digitized by Google

MORBIDITY

Smallpox.

Only three cases of smallpox were reported last week, two from Los Angeles and one from Santa Clara.

Typhoid Fever.

Fifteen cases of typhoid fever were reported last week, the distribution being as follows: Banning 1, Ferndale 1, Grass Valley 1, Lodi 1, Los Angeles 3, Madera 1, Oakland 2, Petaluma 1, Porterville 1, San Francisco 1, and Tulare County 2.

Cerebrospinal Meningitis.

One case of this disease was reported from Inyo County.

Epidemic Encephalitis.

Visalia reported one case of epidemic encephalitis.

Leprosy.

Five cases of leprosy were reported last week, from the following localities: Alameda County 1, King City 1, Los Angeles 1, Monterey County 1, and San Joaquin County 1.

Glanders.

Santa Clara County reported one case of glanders last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 9 received by Sept. 12	Week ending			Reports for week ending Sept. 10 received by Sept. 14
	Aug. 19	Aug. 26	Sept. 2		Aug. 20	Aug. 27	Sept. 3	
Anthrax	0	0	2	0	0	0	0	0
Cerebrospinal Meningitis	3	2	1	1	6	1	3	3
Chickenpox	13	18	28	20	16	23	25	20
Diphtheria	100	95	86	71	132	121	109	112
Dysentery (Bacillary)	2	0	9	2	0	2	6	3
Epidemic Encephalitis	1	2	1	1	6	5	6	0
Glanders	0	0	0	1	0	0	0	0
Gonorrhoea	75	86	110	132	66	74	123	65
Influenza	6	5	10	2	12	12	4	13
Leprosy	0	0	0	5	0	0	0	0
Malaria	3	12	6	8	2	5	16	9
Measles	9	12	8	5	6	7	4	7
Mumps	12	9	14	11	30	36	41	25
Pneumonia	29	40	63	40	74	29	44	33
Poliomyelitis	0	0	0	3	4	8	14	9
Scarlet Fever	32	30	40	31	33	46	42	23
Smallpox	15	22	29	3	25	30	33	26
Syphilis	100	86	94	129	107	66	134	67
Tuberculosis	143	94	127	163	106	139	150	112
Typhoid Fever	28	26	19	15	42	30	33	32
Whooping Cough	59	47	34	54	17	53	32	37
	671	586	681	697	684	687	819	606

19991 9-22 5200

CALIFORNIA STATE PRINTING OFFICE.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 32 SEPTEMBER 23, 1922 GUY P. JONES EDITOR

SEA FOOD: ITS VALUE FROM A FOOD STANDPOINT.

By M. E. JAFFA, M.S., Consulting Nutrition Expert, California State Board of Health.

The comparative nutritional value of sea food and other foods of animal origin is a matter of considerable interest and the information given in this article has been prepared in response to a number of requests.

Fish and shell fish should be considered as an important source of animal protein so necessary in the diet of the young and growing child and also for the adult.

One great difference between fish and meat lies in the fact that the former as a rule contains but a small amount of fat which is not generally the case with the latter. The fat percentage in most of our commonly used fish will not average 3 per cent, the exceptions being halibut with 5.50 per cent, salmon with 12.5 per cent, shad with 9.5 per cent and herring and mackerel about 7 per cent. It is thus seen that even the fattest of fresh fish commonly used contains less fat than most cuts of meat. In some cases this is an advantage, particularly for those whose digestions do not tolerate any considerable amount of fat. At the same time it must be remembered that the lower the fat percentage the correspondingly lower is the caloric value per unit weight. As far as investigations have been conducted it would appear that the protein of fish is as valuable to the human system as is the protein of meat, the latter being considered, and rightfully so, as one of the best sources of animal protein for man.

The fat of fish has a low melting point and therefore high digestion coefficient, it being generally believed that the lower the melting point the higher the digestion coefficient, and this has been more or less verified by experiments carried on by the U. S. Department of Agriculture.

Lean fish and lean meat can not be considered as adequate sources of vitamins. On the other hand cod liver oil is one of the most prolific sources of the fat-soluble vitamin or vitamin A.

The mineral content of fish is similar to that of meat. Shellfish should also be considered as a source of animal protein, the percentage being lower than that noted for the ordinary fresh fish. The quality, however, of the protein is fully equal to that of protein from other animal sources. Shellfish is generally considered a delicacy rather than a staple article of the diet. This is due in part to: (1) The high price and (2) inability of the people of the interior to obtain sea food at its best.

One of the most important varieties of shellfish is the oyster which possesses an advantage not found in other species of this form of sea food, in that, it is, in the raw state, one of the most inviting of foods, easily digestible and perfectly wholesome if the source is unpolluted.

Owing to the rigid supervision and inspection which is now carried on in connection with the sources of the

Digitized by Google

oyster by state and national governments it may be said that the public has a guarantee of its sanitary condition. On account of its ease of digestion and palatability the oyster is largely used in the diet of invalids and convalescents.

The percentage of total solids in the oyster approaches that recorded for milk. The proportion of the nutrients, however, is quite different in that the protein of the oyster is much higher and practically the same as that found in cooked beans. The carbohydrate of the oyster and abalone is mainly glycogen, or as is sometimes called "animal starch." It is, though, unlike starch in that it is wholly digestible when eaten raw. This nutrient constitutes between 3 and 4 per cent of the oyster and about 5 per cent of the abalone. The fat content of the oyster is less than 1.5 per cent. The caloric value of one pound of oysters is about 250 calories; that of the average serving of raw oyster, about 50 calories; creamed on toast, 150 calories; scalloped, about 185. These figures compare most favorably, both as regards quantity and quality with the corresponding value of average helping of fruits and vegetables and of our ordinary staple foods.

While it is true that oysters may be eaten raw, there are many who prefer them cooked and there are manifold recipes for preparing them in an inviting and palatable manner. Most other forms of shell fish are cooked before serving and therefore perfectly safe in every way.

It would be well if greater facilities were possible for the marketing in the interior, at moderate prices, of fresh fish and shell fish. The lack of such facilities has greatly limited the per capita consumption of sea food in general.

Health Conference Successful.

The annual meeting of the health officers' section of the League of California Municipalities was held at Stanford University September 21st to 23d with an attendance of about 150. An interesting program had been prepared and the attention of the health officers was held during each session. The entertainment features were enjoyed and at the final dinner, held in La Honda Canyon, Dr. Wm. Simpson, health officer of Santa Clara County, and Dr. L. M. Powers, health commissioner of Los Angeles, were presented with appropriate gifts in recognition of their long service in the health officers' section as well as the thirty years and more of service that they have given in safeguarding the public health and their respective communities. Coronado was chosen as the meeting place for the 1923 conference of health officers.

Restraining Fruit Vendors.

The health and sanitation committee of the Los Angeles city council is considering the adoption of an ordinance which would curb the practice of fruit and vegetable vendors from displaying luscious and well-kept fruit and selling poor, half-rotted fruit. Assistant City Prosecutor Friedlander reports that many complaints have been received from housewives who paid for first-class products but received wormy and spoiled fruit and vegetables. The ordinance, if passed, would force these vendors to standardize their goods so that the fruit or vegetables underneath would be of as good quality as those that are displayed.

Pacific Coast Health Officials Organize.

At the annual conference of California health officers held at Stanford University, a resolution providing for partaking in an annual conference of health officials of the Pacific Coast was passed. This conference will include representatives from the health officials of Oregon, Washington, British Columbia and California. The California delegates will consist of the executive secretary of the California State Board of Health, the state sanitary engineer and three other delegates to be selected by the executive committee of the health officers' section of the League of California Municipalities. The other Pacific Coast states have already taken action which provides for sending delegates to the conference. An invitation has been extended to hold the conference in San Francisco in July, 1923, at the same time that the American Medical Association meets. Of this conference, Dr. W. M. Dickie,

Digitized by Google

secretary and executive officer of the California State Board of Health, says:

"There are many reasons why such a conference is of importance. There are many problems that we share in common with other states. The migration of the tuberculous, for example, constitutes a problem of vast importance to California, New Mexico and Arizona. So far this problem is of little moment to Washington, Oregon and other Pacific northwest states.

Rocky Mountain spotted fever, however, concerns California, Nevada, Idaho, Montana and Oregon.

Typhus fever, because of the fact that it is endemic in Mexico, constitutes a real menace to the health of California, Arizona, New Mexico and other southwestern states.

Plague is present in the rodents of both California and Washington. The control of this disease in states bordering on the Pacific Ocean is essential in safeguarding the health of all other states.

Oriental tropical diseases may be introduced at any time through Pacific coast ports. Because of their proximity to these ports, such diseases are possibly a greater menace to western states than to those states lying in more remote parts of the country.

Because of the fact that we have so many problems that are common to western states and western cities, it would seem that this organization of Pacific Coast or Western Health Officers, may be able, through the interchange of information, and administrative methods, to accomplish much in the control of communicable diseases, and in the making of better public health organizations throughout the western states. The main routes of travel between Pacific Coast states, and between them and interior states, provide effective channels for the transmission of communicable diseases. Travel is a most important factor in the spread of these diseases; cases and carriers are constantly opening up new foci and infection in new territories.

Reciprocal notification of outbreaks of communicable diseases, and perhaps the reciprocal notification of all cases, between Pacific Coast states, would, undoubtedly, prove a valuable factor in holding these diseases in check. The Minnesota State Board of Health for many years has followed a plan for the reciprocal notification of cases of communicable diseases. In the Public Health Reports, issued by the U. S. Public Health Service, these notifications are published regularly. If such a system for the exchange of this valuable information between western states were established, it would seem certain that it would be productive of results that would be highly satisfactory to the cities and states concerned.

The traffic between states is no longer confined to railroads. The automobile traffic between California and the Pacific northwest has grown tremendously during the past few years. Automobile traffic from eastern states has also expanded greatly. This sort of traffic, with relation to the control of communicable diseases, is not easily supervised. Passenger traffic by rail is much more easily handled. With the growth of automobile traffic between states, problems in the control of the communicable diseases will become more complex and require vastly greater attention. The new conference, which will include in its membership representatives of all the states and cities of the Pacific Coast. The State Boards of Health of these states, according to a proposed plan, would exchange regularly full information concerning the status of the various communicable diseases in each respective state—this information to be transmitted to all of the health officers in each of these states. If, for example, an outbreak of smallpox were to appear in Portland, Ore., the fact that the disease was unduly prevalent there would be transmitted to the California State Board of Health without delay. California Health Officers in turn would be advised of this outbreak, enabling them to be on the alert for any cases that might be suspicious of smallpox in recent arrivals from Oregon. Whether such a scheme could be made effective would depend entirely upon the attitude of the health officers of the Pacific Coast states."

Health can not be given the community by laws, motion pictures, offering advice, or fining those who fail to report disease. The patient, the community, can be as healthy as it chooses or as sick as it is willing to stand for. Only when the community fully understands the reason for these things will it take an active part in public health work.

HAVEN EMERSON, M.D.

Digitized by Google

MORBIDITY

Smallpox.

Twenty cases of smallpox were reported last week, to date being distributed as follows: Colusa 3, Fresno County 1, Los Angeles County 8, Los Angeles 1, Modesto 2, Plumas County 1, San Francisco 2, San Jose 2.

Typhoid Fever.

Last week typhoid showed an increase, thirty-five cases being reported to date. They are distributed as follows: Eureka 1, Humboldt County 1, Imperial County 1, Kings County 1, Lompoc 1, Long Beach 2, Los Angeles County 3, Los Angeles 4, Modesto 1, Monterey County 1, Oakland 2, Ontario 1, Orange County 1, Pittsburg 1, Riverside 3, Santa Barbara 1, Santa Monica 1, Stockton 5, Venice 3, Whittier 1.

Cerebrospinal Meningitis.

Humboldt County reported one case of cerebrospinal meningitis, no other cases being reported to date for last week.

Epidemic Encephalitis.

Last week one case of epidemic encephalitis has been reported to date, this case being from San Francisco.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 16 received by Sept. 19	Week ending			Reports for week ending Sept. 17 received by Sept. 21
	Aug. 26	Sept. 2	Sept. 9		Aug. 27	Sept. 3	Sept. 10	
Anthrax	0	2	0	0	0	0	1	0
Cerebrospinal Meningitis	2	1	2	1	1	3	4	2
Chickenpox	18	28	21	30	23	25	21	40
Diphtheria	95	86	82	106	121	109	122	122
Dysentery (Bacillary)	0	9	2	3	2	6	3	6
Epidemic Encephalitis	2	1	3	1	5	6	0	2
Glanders	0	0	1	0	0	0	0	0
Gonorrhoea	86	110	138	100	74	123	73	96
Influenza	5	10	3	6	12	4	13	6
Leprosy	0	0	5	0	0	0	0	0
Malaria	12	6	9	8	5	16	9	21
Measles	12	8	7	7	7	4	10	19
Mumps	9	14	15	9	36	41	28	43
Pneumonia	40	63	43	47	29	44	56	53
Poliomyelitis	0	0	3	0	8	14	12	10
Scarlet Fever	30	40	37	42	46	42	39	52
Smallpox	22	29	4	20	30	33	29	42
Syphilis	86	94	130	124	66	134	69	104
Tuberculosis	94	127	167	159	139	150	118	133
Typhoid Fever	26	19	20	35	30	33	34	18
Whooping Cough	47	34	61	37	53	32	42	34
	586	681	752	735	687	819	683	803

19991 9-22 5200

CALIFORNIA STATE PRINTING OFFICE.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 33 SEPTEMBER 30, 1922 GUY P. JONES EDITOR

REDUCTION OF CHILDREN'S DISEASES BY PROPER CONTROL MEASURES.*

By LOUIS OLSEN, City Health Officer, Palo Alto.

The effectiveness of the modern health department is still measured largely by its success in the control of communicable diseases. Notable results have been attained along these lines in the control of certain diseases, such as typhoid fever, yellow fever, malaria and even tuberculosis. A steady reduction is also noticed in infant mortality.

Remarkable as have been the reductions in mortality from the above-mentioned causes, the same success is not apparent in the figures for some of the common contagious diseases of children. An examination of the death rates in California from scarlet fever, diphtheria, measles and whooping cough shows that the rates for 1921 are practically the same or greater than the corresponding figures for 1911. In the intervening years the rates have fluctuated, always many deaths occurring from these so-called harmless diseases. In 1921 there were 117 deaths from scarlet fever, 644 from diphtheria, 127 from measles and 191 from whooping cough, while only 147 deaths were caused by typhoid fever. During this year also, the combined number of deaths from scarlet fever, diphtheria, measles and whooping cough (1079) was greater than the combined deaths from typhoid fever, malaria, smallpox, influenza, dysentery, poliomyelitis, encephalitis and epidemic meningitis (847). The latter total could almost include the venereal diseases (442), and still be less than the four children's diseases mentioned above.

These statistics, it must be remembered, are for immediate deaths only, and take no account of the long list of sequelae that follow. In measles alone it is estimated that there are ten cases left with serious complications that may later result in death, for each death reported. Investigations now being conducted will almost certainly show that many other serious complications of adult life are to be attributed to these communicable diseases of childhood. In the face of such figures it may be well to consider whether or not health officials are spending their energies entirely in the right direction. May it not be time to place more emphasis on communicable disease control and particularly control of some of those that are often laughed at and treated jokingly?

In presenting the subject of proper control measures it is not planned to advance any new theory or discovery that will stamp out these diseases. Perhaps there are some who are waiting for such a new discovery in the hope that a quick and easy way will be found as has been the case with yellow fever and malaria. The history of the last ten years proves that a specific remedy is not always all that is necessary. Diphtheria, in spite of anti-toxin and the Shick Test, is with us still. The purpose of this paper is rather to outline a general plan of procedure, regardless of the specific remedies that are to be employed for each particular disease; a

*Read at annual meeting of California Health Officers, held at Stanford University, September 19-21, 1922.

Digitized by Google

plan of procedure that has been known for a long time and that has been proven by experience to be effective.

The modern theory of infection removes public health activity from the realm of speculation and places it upon a definite and exact basis. When it was discovered that communicable diseases are caused by specific organisms which are transmitted from person to person and that cases never arise spontaneously, the health worker had a sound foundation upon which to build. Control then became a matter of finding the infected persons and controlling the infected discharges for the purpose of preventing their being transferred to other persons. This underlying principle of control is as true today as ever. It matters not that the causative organism is not known for all of the diseases mentioned. They can be controlled by breaking the cycle whereby discharges from the infected individual are transferred to the uninfected individual.

Two characteristics, of such importance as to be almost cardinal virtues, in executing any plan of control are SPEED AND THOROUGHNESS. These *must* be applied to every step hereafter mentioned. If they are, results will follow. A good motto for disease control is, *Get the first case; Get every contact; Prevent additional transference of infected material.* The procedure in effecting proper control of communicable diseases may be separated into four steps, as follows:

1. Reporting.
2. Investigation.
3. Institution of control.
4. Release from restrictions.

The steps are mentioned in the order in which they will be undertaken and in the order of their importance.

Reporting.

It has been often said and written that "No health department can effectively control communicable diseases without first knowing when and where cases are occurring." No statement was ever more true and an effective and complete system of securing reports is the first requisite.

Before discussing the methods of obtaining reports, it may be well to state that reports minus speed are about as useful as a football team without speed. Reports by mail, in cases of scarlet fever, diphtheria, measles and whooping cough are too slow. They should be reported by telephone immediately, in addition to the written card.

Reports will ordinarily first come to the health officer from the local physicians. It is of the utmost importance that the health officer shall have the confidence and cooperation of the physicians in his community, otherwise the difficulties of disease control will be insurmountable. It will be found that if the health officer is reasonable the physicians will be more than ready to do their share.

Granting that the physicians desire to report, cases may sometimes be forgotten and schemes to prevent this are necessary. It has been found that a weekly summary of the morbidity situation, mailed to each physician, stimulates interest and keeps them informed as to what diseases are in existence in the community.

Not all cases will be attended by physicians and the health officer can not depend upon physicians' reports alone in combating an outbreak. This is particularly true of those diseases whose seriousness has been so much underestimated. The following figures illustrate this point. They represent cases covering a period of five years in Palo Alto.

	Cases	Physician	None
Chickenpox	289	89	200
		31%	69%
German Measles	353	156	197
		44%	56%
Measles	383	222	160
		58%	42%
Mumps	170	75	95
		44%	56%
Whooping Cough	187	120	67
		64%	36%

The thing to be emphasized is that the physicians see only a fraction of the total cases, and without systematic search for and discovery of every case and suspected case, no matter what the conditions, it is almost useless to try to work with the small percentage seen by them.

It may also properly be mentioned here that comparisons of the numbers of cases reported in different cities are misleading and lead to wrong conclusions for the reason that the city that is actively and intelligently combating disease will get reports of all or nearly all of its cases, while where no active work is undertaken the number of cases will represent the physicians' reports only.

The largest number of reports of cases unattended by physicians will be obtained by the public health nurse. Such an officer, in investigating absences from school due to illness, will pick up most of the cases in children of school age. If the school teachers are properly

Digitized by Google

instructed in reporting all illness they will sometimes note cases even before they are seen by the nurse. The teacher need not be a diagnostician, but she should know enough to exclude from the class room and hold for observation every child having any symptoms whatsoever. By this is meant even the "common cold" which in many places is permitted to run along unnoticed.

The getting of reports of cases among children of the preschool age unattended by physicians presents the greatest difficulty. These reports are particularly important because children of this age are not under constant observation as are children in school. Clues and hints as to cases will come from neighbors, children in school and others. Each such report must be investigated, no matter how unpleasant the task may be. A single missed case may do untold harm.

The subject of reporting must not be concluded without stating that there are many parents who report promptly themselves. By proper education this group can be enlarged and the health officer's work made correspondingly easier.

Investigation.

Having received the report of a case, the responsibility then rests with the health officer. Here, again, speed is required. The investigation must be commenced at once, not on the next day or on Monday. Every case, whether real or suspected, should be investigated. It is not enough simply to make a record for the office and perhaps placard the premises. Before commencing the investigation the officer should be equipped with cards or other suitable means for recording the results obtained.

In making the investigation the house or premises should be visited, a list made of all persons in it, together with their occupations and whether or not they may be immune to the disease. All persons who have been in contact with the case since the commencement of illness should be listed. As much information as possible bearing on the case should be obtained and recorded. Inquiry as to the probable source and the whereabouts of the patient on the date that the infection was probably acquired should be obtained. The determination of the source, if possible, is important and sometimes constitutes an interesting piece of detective work. Sometimes the source will only be determined after a number of cases have been investigated and the data obtained tabulated and studied.

Where there are many cases and careful and complete records made of each one, the outbreak can usually be diagrammed and studied, information often being obtained that will be of use should another similar outbreak occur.

Institution of Control.

Laws will usually govern the proceedings under this heading. However, laws alone will not control or prevent diseases. The personal element is exceedingly important and a good health officer will accomplish more with poor and insufficient laws than will a poor officer with the best laws and regulations in the world.

The best regulations for the control of communicable diseases are those that accomplish the prevention of spread of the infected material with the smallest amount of interference with the regular routine of the family affected. Modern regulations have this tendency and therefore receive better support from the public.

The main burden will fall on the household where the case exists, provided it is not taken to a hospital. Control must not stop here, however. Every contact or exposure must be watched until the maximum period of incubation has passed. Where the exposure has been limited to a certain day and is definitely known, the restraint placed upon the contact may safely be limited to a few days covering the period when the disease is expected to appear.

Release from Restrictions.

In this, the last step, speed is not so necessary, although there is no reason for restricting the case after the period of infectivity has passed. The determination of the proper time for release will differ with the several diseases and need not be discussed here. The principle is the same for all, *i.e.*, when the danger of spreading the infected discharges has passed, release them. Contacts who pass over the maximum period of incubation without developing the disease should of course be released without further ceremony. Cases should never be returned to school without a written permit from the health officer. A good plan is to require all school absences of more than a day or two to have such a permit before returning. This usually removes the last opportunity of concealing a case in a school child.

The question about fumigation may be asked. The answer is, disinfect, but

Digitized by Google

do not fumigate. Nothing more need be said about disinfection than that it should be carried on concurrently with the course of the disease, and at its termination should consist of a good, honest, mechanical cleansing of the infected area. About the only time to fumigate is in the case where the householder thinks this method is the last word in perfection and where you see that it is useless to try to change his mind. After he has fumigated to his heart's content insist on a final cleansing and scrubbing.

In general it may be stated that marked success has attended the efforts of health workers in controlling diseases where some one discovery was all that was needed. The same success has not been had with those diseases that for the present can only be controlled by painstaking attention to detail. The whole plan for control is dependent upon speed with quick and thorough action.

"Widespread as is disease in its many forms throughout the world, there is something else that, fortunately, is even more general than disease, namely, health. Too long has health been interesting to individuals only when there has been a departure from the normal, as by the onset of some phase of a disease. More recently health has come to be recognized as a distinct entity in itself, a positive state that can be preserved and maintained, not merely the antithesis of disease."—Sir Napier Burnett, M.D.

MORBIDITY

Smallpox.

Seven cases of smallpox were reported last week to date, from the following localities: Fresno 1, Hanford 1, Los Angeles 1, San Jose 1, Santa Clara County 2, Sisson 1.

Typhoid Fever.

Thirty-three cases of typhoid fever were reported last week to date, distributed as follows: Banning 3, Fresno County 1, Glendale 1, Hanford 1, Imperial County 4, Long Beach 3, Los Angeles County 1, Los Angeles 6, Merced 1, Oakland 1, Sacramento 2, San Benito County 1, Santa Ana 1, Santa Paula 1, Shasta County 1, Stanislaus County 1, Stockton 2, Venice 1, Whittier 1.

Cerebrospinal Meningitis.

Two cases of cerebrospinal meningitis were reported to date last week, one each from Los Angeles and Pasadena.

Poliomyelitis.

Los Angeles reported 1 case of poliomyelitis and Los Angeles County two cases of this disease last week, no other cases being reported to date.

Infectious Jaundice.

Hanford reported one case of infectious jaundice last week.

Leprosy.

One case of leprosy was reported to date last week, this case being reported from San Francisco.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 23 received by Sept. 26	Week ending			Reports for week ending Sept. 24 received by Sept. 26
	Sept. 2	Sept. 9	Sept. 16		Sept. 3	Sept. 10	Sept. 17	
Anthrax	2	0	0	0	0	1	0	0
Cerebrospinal Meningitis	1	2	1	2	3	4	2	3
Chickenpox	28	21	32	34	25	21	43	19
Diphtheria	86	82	122	128	109	122	125	101
Dysentery (Bacillary)	9	2	3	1	6	3	6	0
Epidemic Encephalitis	1	3	3	0	6	0	2	0
Gonorrhoea	110	138	106	82	123	73	102	66
Infectious Jaundice	0	0	0	1	0	0	0	0
Influenza	10	3	6	13	4	13	9	7
Leprosy	0	5	0	1	0	0	0	0
Malaria	6	9	9	18	16	9	21	10
Measles	8	7	9	3	4	10	15	7
Mumps	14	15	10	19	41	28	44	30
Pneumonia	63	43	49	45	44	56	54	24
Poliomyelitis	0	3	0	3	14	12	16	15
Scarlet Fever	40	37	46	62	42	39	66	55
Smallpox	29	4	20	7	33	29	43	38
Syphilis	94	130	125	80	134	69	109	47
Tuberculosis	127	167	170	129	150	118	143	115
Typhoid Fever	19	20	36	33	33	34	19	25
Whooping Cough	34	61	37	32	32	42	42	29
	681	752	784	692	819	683	861	591

19991 9-22 5200

CALIFORNIA STATE PRINTING OFFICE.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 34 OCTOBER 7, 1922 GUY P. JONES EDITOR

Diphtheria Shows Early Increase.

More than one hundred and fifty cases of diphtheria were reported during the week ending September 23d, and incomplete returns show that 117 cases have already been reported for the week ending September 30th. This is a considerable increase for this season of the year and indicates that the control of diphtheria in California must receive the undivided attention of all physicians, nurses and health officers, and that every means possible must be taken to secure the full cooperation of the general public in the control of this preventable disease. Although we possess effective weapons for the control of diphtheria, it must be admitted that the death rate for this disease in 1921 was exactly the same as it was fourteen years ago, in 1908, when it was 17.9 per hundred thousand population. There were 644 deaths from this disease in 1921; 451 deaths in 1920, and 266 deaths in 1919. The number of deaths, by months, for these three years, follows:

	1919	1920	1921
January	25	28	62
February	14	39	43
March	28	30	44
April	15	31	46
May	21	39	46
June	20	32	43
July	25	27	44
August	13	23	44
September	13	33	38
October	22	48	69
November	33	63	67
December	37	58	98
Total	266	451	644

The State Board of Health makes the emphatic statement that the principal factor in producing a high diphtheria death rate in California at the present time is the *delay* in the administration of antitoxin. Unless antitoxin is administered *during the first twenty-four hours* of the illness, it is of little use. Parents are inclined not to regard a sore throat as serious, and delay taking the necessary steps for determining the nature of the sore throat. By the time the physician is called, the disease may have progressed to such a stage that antitoxin is ineffective in treatment. Very often, the physician, instead of basing his diagnosis upon the pronounced clinical symptoms of the disease, waits for a report of the bacteriological diagnosis from the laboratory. This *delay*, unless antitoxin has already been administered, is almost criminal.

The efficacy of antitoxin is undisputed, and if used quickly and with proper technique, there is no doubt but that the diphtheria death rate can be reduced greatly. Health officers throughout the state are urged to impress the residents of the territory within their jurisdiction to regard every sore throat as serious, and to immediately take the necessary steps for determining the cause of the sore throat. The weapons for fighting diphtheria are readily available, and whether they are made use of in combating this preventable disease depends entirely upon the *avoidance of delay* on the part of the general public, the physician and the health officer.

Digitized by Google

What the Health Radio Talk Did for One Woman.

A dog owned by Mrs. H. J. Kalus, of El Cerrito, Cal., became sick last week, and in caring for the animal Mrs. Kalus was bitten. She has a radio receiving set, and had heard the State Board of Health radio talk on rabies, broadcasted from station KUO, San Francisco, on August 12th, and she remembered that dog bites may produce serious results. She immediately went to the State Board of Health's Hygienic Laboratory at Berkeley, presenting herself to Dr. Wilfred H. Kellogg, director of the laboratory. Upon learning the symptoms of the animal's illness, it was believed advisable for her to start the preventive Pasteur treatment immediately.

Meanwhile, the animal was confined, and the symptoms, as they developed, were carefully noted. The dog died Sunday, and the head was taken to the State Hygienic Laboratory for examination. This resulted in the discovery in the brain cells of the organism that causes rabies—Negri bodies.

Mrs. Kalus states that if it had not been for this radio talk she would not have known of the prevalence of rabies in California, nor would she have had any information regarding what action to take if bitten by a rabid animal. She is exceedingly grateful, not only to the State Board of Health, but also to the San Francisco *Examiner* broadcasting station for providing the machinery by which she gained this information which may be the means of saving her life.

The State Board of Health emphasizes the fact that rabies is still prevalent in California, and for the benefit of those who did not receive this radio talk, it is repeated here:

"WATCH FOR RABID DOGS. Rabies in animals, especially dogs, is unusually prevalent in California this summer. If bitten by a dog, it is important that the animal be locked up immediately and kept locked up for ten days. If the animal becomes sick and develops paralysis before the end of ten days, it should be killed and the head sent for examination in a sealed can to the State Hygienic Laboratory at Berkeley. Wounds from dog bites should be cauterized immediately with nitric acid, and if the dog is believed to be rabid the Pasteur treatment should be started without delay. All cases of dog bite should be reported to the local health officer at once, in order that he may take action to prevent the spread of the disease."

Radio talks supplied by the State Board of Health are broadcasted from the Station KUO, San Francisco, every Wednesday afternoon at three o'clock.

Schick Test Is Available.

The Schick test for determining diphtheria immunity is being used more and more often throughout California, and with exceedingly gratifying results. This test is useful only in its application to a large group of children in order to determine if they possess immunity to the disease. This test, in brief, consists of the injection of a small amount of greatly diluted diphtheria toxin into the skin of one forearm and the injection of the same amount of a control solution on the other forearm.

A positive reaction indicates the absence of antitoxin in the individual, meaning that he is susceptible to the disease. A negative, however, indicates the presence of a sufficient amount of antitoxin to protect him. About 60 to 70 per cent of California school children are found, by means of the Schick test, to be susceptible to diphtheria. They can be rendered immune by the administration of toxin-antitoxin. This toxin-antitoxin mixture is given subcutaneously, and is repeated every two weeks until three injections have been given. It takes from three to six months following the administration of the toxin-antitoxin for the development of complete immunity, which, however, may be regarded as permanent.

If all infants were made immune through the administration of toxin-antitoxin, and if all other children who gave a positive Schick reaction, were rendered similarly immune, diphtheria could undoubtedly be made as rare as typhoid fever.

Practically the entire adult population is naturally immune to diphtheria. At least, ninety per cent are not susceptible to the disease. The State Board of Health is prepared to assist the various communities of the state in the administration of the Schick test and the board has in preparation at the present time a pamphlet upon diphtheria control, which will be forwarded to any physician in the state who may request it.

Delta Mosquito Abatement District Forms.

The Delta Mosquito Abatement District, including the city of Visalia and surrounding territory, was created by the board of supervisors of Tulare County, September 21st. There were no protestants to oppose the establishment of the district, and about twenty-

Digitized by Google

five prominent residents of Visalia and vicinity appeared before the supervisors to urge the establishment of the abatement district as a means for controlling the mosquito nuisance existing in the vicinity. By the creation of this district, about $3,000 will be available next year with which to carry on the work in mosquito control. It is too late this year to secure financial assistance through the medium of a county tax rate, but steps are being taken for the provision of funds, by other methods, so that active work may be started as soon as practicable.

Preservative Powder for Home Canning Not Effective.

Extensive experiments have recently been conducted by the United States Department of Agriculture on the efficiency of canning powders which are advertised and sold throughout the country for the home canning of fruits and vegetables.

These powders are usually sold in small packages containing about one ounce of material and they consist essentially of boric acid with a small amount of salt. The experiments on these powders were tried out on twenty-five (25) different varieties of bacteria and yeasts and more than three hundred (300) jars of fruits and vegetables were used to complete the experiments. The results of these investigations indicate that boric acid canning powder is practically worthless as a preservative in the canning of fruits and vegetables. Following is an extract from the Summary of Department Circular No. 237, United States Department of Agriculture.

"The powder in the amount recommended for canning had no inhibitory effect on representative members of the anaerobic sporeforming group, especially the toxin-forming B. botulinus, which has recently been responsible for many deaths from food poisoning.

In the practical canning experiments the use of the powder for acid products was shown to be an unnecessary and wasteful practice, since material packed without the powder kept as well as that packed with it. Its use with the more or less neutral vegetables showed that the powder plus the inadequate heating recommended was not sufficient to pre[illegible] materials or to prevent the [illegible] of toxin in them by B.

Place of Health Center in Public Health Program.

The place of the health center or community clinic in the public health program is a matter that has been discussed freely, not only in California, but throughout the whole United States. That all clinics should be conducted in accordance with definite standards is not open to argument. The service provided in such places should be of the very best and should be available to all individuals who are unable to pay for treatment.

Dr. George J. Hall, City Health Officer of Sacramento, has very definitely outlined his ideas concerning the management of health centers in the following article which is reprinted from the August bulletin of the Sacramento Health Department:

"Every community has a certain variable percentage of its population who from economical and social causes are financially unable to buy adequate medical, surgical and hospital care.

"For many years this fact has made it necessary to build and equip city and county hospitals, and in very large cities free clinics have been associated with teaching hospitals and medical schools.

"During the last few years, as economic conditions have improved, the poor families are more noticeable as others around them have become self-supporting, so that various means have been used to assist these people to live and to give their children efficient physical attention.

Health Centers Spring Up.

"This is certainly so definitely recognized that the various so-called 'charitable organizations' have seen fit to establish clinics and health centers in almost every 'Four Corners' in the country.

"Some of these are doubtless efficient and give good service, but the principle of their organization is primarily wrong.

"The ideal method of establishing an organization for the purpose of giving care to the deserving wage-earner and his family who are temporarily out of funds is to have this organization 'built around' a complete group of well-trained physicians; and not by taking a 'fine charitable idea' on the part of a few laymen and surrounding that idea by a few physicians who are willing to help.

Digitized by Google

Treat Needy Only.

"Unless a real social service department is a part of the organization there will not be accomplished what was originally intended.

"If a clinic is opened for the purpose of treating the poor, it is not right that this money be spent caring for those who can buy that service. And as a consequence the clinic is apt to do as much harm as good. Every patient acepted in a free clinic must be worthy of that care, and unless this is so the clinic is wrong.

"There is no valid argument for penalizing poor people by sentencing them to poor health just because they haven't the money to buy assistance in keeping healthy.

Service Spreading.

"Therefore, it is proper that some means be evolved whereby such service can be given. This is, of course, a problem, but I believe that in a very few years this service will be obtainable by every resident of the United States.

"And I also believe that this will be done in small communities and those without medical colleges by and through the local health departments in conjunction with an efficient social service department."

MORBIDITY.

Smallpox.

Only four cases of smallpox were reported to date for last week, the following localities each reporting one case: Dunsmuir, Glendale, Santa Clara County, Ventura.

Typhoid Fever.

Twenty-seven cases of typhoid fever were reported to date last week, distributed as follows: Berkeley 1, Colton 1, Dinuba 1, Eureka 1, Glendale 1, Kings County 1, Long Beach 4, Los Angeles 6, Los Angeles County 2, Oakland 2, Pasadena 1, San Joaquin County 1, Stockton 2, Santa Clara County 2, Ventura County 1.

Cerebrospinal Meningitis.

Five cases of epidemic cerebrospinal meningitis were reported to date last week, Long Beach reporting 2 and Oakland 3 cases.

Poliomyelitis.

Los Angeles reported one case of poliomyelitis last week. No other cases have been reported to date.

Ignorance which results in misery to one's fellows is not only a vice but a crime.—Dr. Victor C. Vaughan.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 30 received by Oct. 3	Week ending			Reports for week ending Oct. 1 received by Oct. 5
	Sept. 9	Sept. 16	Sept. 23		Sept. 10	Sept. 17	Sept. 24	
Anthrax	0	0	0	0	1	0	1	0
Cerebrospinal Meningitis	2	1	2	5	4	2	5	0
Chickenpox	21	32	34	25	21	43	22	34
Diphtheria	82	122	145	117	122	125	141	128
Dysentery (Bacillary)	2	3	6	0	3	6	0	3
Epidemic Encephalitis	3	3	2	0	0	2	0	2
Gonorrhoea	138	106	85	89	73	102	188	101
Influenza	3	6	16	8	13	9	10	5
Leprosy	5	0	1	0	0	0	0	0
Malaria	9	9	18	8	9	21	11	3
Measles	7	9	3	7	10	15	9	14
Mumps	15	10	19	23	28	44	37	40
Pneumonia	43	49	67	36	56	54	45	32
Poliomyelitis	3	0	3	1	12	16	16	21
Scarlet Fever	37	46	73	63	39	66	66	59
Smallpox	4	20	10	4	29	43	47	21
Syphilis	130	125	81	100	69	109	113	109
Tuberculosis	167	170	136	105	118	143	170	116
Typhoid Fever	20	36	37	27	34	19	32	25
Whooping Cough	61	37	35	26	42	42	30	34
	752	784	773	644	683	861	943	747

19991 10-22 5200

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 35 OCTOBER 14, 1922 GUY P. JONES EDITOR

IF IMMUNIZED, DOGS NEED NOT BE MUZZLED.

The regulations for the control of rabies were amended by the State Board of Health at its regular meeting, held in Sacramento, October 7th. Under the new ruling, all dogs which have been immunized or vaccinated with anti-rabic virus are exempted from quarantine or muzzling, under the enforcement of the act to prevent the introduction and spread of rabies. The amendment reads as follows:

Rule 7a. "All dogs shall be exempted from quarantine or muzzling which have been immunized or vaccinated with anti-rabic virus approved by the State Board of Health, within one year and the owners of such dogs have filed with the Health Officer a certificate of vaccination or immunization made out by a duly licensed veterinarian or physician.

The Health Officer may issue to owners of immunized dogs, upon receipt of the aforesaid certificate, a numbered tag bearing a legend giving the year issued, and giving the information that the dog wearing same has been immunized. This tag shall be firmly attached to the collar, and said collar shall be worn by said immunized or vaccinated dog at all times except when in strict confinement."

ANTI-VIVISECTION FIGHT ON.

An initiative measure which would prohibit animal experimentation will appear on the ballot again next month. Chester Rowell, in the San Francisco *Bulletin*, has very tersely summed up some of the important activities that would be curtailed or exterminated should the anti-vivisection measure pass. Mr. Rowell says:

"Sometimes you can't believe even when you see them—pre-Volsteadian pink monkeys, for instance. Well, would you believe your eyes if you read on the California ballot a law to prohibit the use of canary birds to test mine gas, as was done at the Argonaut mine?

Credible or incredible, it was there; and unless you do believe your eyes when you read it, and vote against it, just this preposterous prohibition will soon be a law of California. Then there will be no way to test the safety of mine air except to go in yourself and see if you drop dead. For on no account *under the miscalled 'anti-vivisection' initiative, must such tests be performed on 'any living creature lower than man.'*

Other features of the proposed measure *are almost equally beyond belief*. It is a bill not against cruelty, *but against science*. In plain words *it expressly authorizes painful operations, without anaesthetic, if the purpose is the convenience of farmers*, but it prohibits the same operations, even under anaesthetic, without pain, if the purpose is the advancement of knowledge. You may poison a rat to get rid of it, but not to test a drug or to find out whether food products have become unsafe. No experiments may be performed by the minority agricultural investigators to propagate fungous diseases for the control of orchard pests, and all the work against hog cholera, anthrax and other livestock diseases must stop.

The farmer may dehorn or castrate cattle, painfully, to save himself trouble, but Professor Loeb must not change the

Digitized by Google

salt-content in the sea-urchin tank to delve further into the mystery of life. Animals may be killed for food, but not for the advancement of knowledge. Cows may not be tested for tuberculosis, if the purpose is to protect the lives of babies, though they may be treated for it, if the purpose is to benefit the cows themselves. The botulinus investigations, to establish the safety and marketability of California canned goods, must stop. We may poison our customers, but not a laboratory guinea pig. Diphtheria antitoxin and smallpox vaccine may not be made in California, and if imported from elsewhere they may not be tested here. Hydrophobia may not be treated at all; if you are bitten by a mad dog you must die, since to save you would cost the life of a rabbit.

All these things are prohibited 'with or without anaesthetic,' if for scientific purposes, while very painful operations, without anaesthetic, are expressly authorized for other purposes. More than 99 per cent of the pain now inflicted on animals is authorized to continue, while scientific investigations, more than 99 per cent of which are painless, are prohibited.

Unless California is henceforth to be *omitted from the advancement of human knowledge; unless the scientific departments of its universities are to close;* unless the precautions for the control of epidemics and the relief of the ailing now universal among civilized manhood are to be excluded from California; unless our livestock industry is to be destroyed, our fruit crops blasted and our cannery industry bankrupted; unless even our mines are not to be made safe—this, the maddest measure which even fanaticism has yet devised, must be kept from the statute books of California."

"'TIP TOP' COULDN'T FEEL BETTER."

This is the reply we all like to hear and all like to be able to say in reply to that oft repeated, yet never too old query "Good morning! How are you today?"

To get well when we have been sick is good, and one possibly appreciates health all the more after an illness; but, to keep well is far better, and far easier!

Sickness, everyone is agreed, has its causes. but what seems hard for the average person to appreciate, is the seriousness of apparently trivial and inconsequential causes of sickness.

We can not all know all the causes of disease in its many forms, but we all know, or can know, of some of the more common causes, and how to avoid them. We should not let the fact that a cause of illness is easy to avoid deter us from avoiding it. Not only be well but keep well!—Minnesota Health Journal.

Each child educated is another man gained. —Victor Hugo.

WATER SUPPLY AND SEWAGE DISPOSAL FOR SMALL UNITS.*

By C. G. Gillespie, Berkeley,

Sanitary Engineer, formerly Director Bureau of Sanitary Engineering, California State Board of Health.

The term "small units" is construed to mean not towns but country places. It includes rural or unsewered suburban homes, schools, institutions and hospitals where, as a rule, the sanitary problems fall directly on the premises, and specific technical instruction is so much of an item that it is seldom obtained. Sanitary officers will recognize in the term the source of much of their work, often perplexing.

Sanitary engineering problems of cities and towns are thought of as numerous but as a matter of fact these "small unit" problems outnumber those in cities and towns fully a thousand to one and, in California, they concern nearly a half million families. This paper will, of course, confine itself to the sanitary aspects of the problems. It can, however, hardly hope to do more than unify to some extent, and therefore to promote thought and practice in this growing adjunct of country life.

Water Supply.

Wells, springs and surface waters afford the source of practically all water supplies in California, rural and urban.

Wells. For various good reasons well supplies easily predominate in country places. From the sanitary standpoint a shallow well is one drawing on "surface water" and is usually not over 25 feet deep. A deep well would exceed 25 feet in depth and penetrate formations more or less impervious before tapping the subterranean supply.

Taken as a group the percentage of unsafe or contaminated wells is very high. In a compilation of several hundred analyses of well waters, by the State Board of Health, some years ago over 50 per cent showed serious contamination.

Pollution of wells may be underground in its origin or, what is more likely, direct and visible at or near the top of well. Of the two sources that from underground is, on the whole, the least pronounced. Seeking a hidden source of contamination has undoubtedly detracted from the plainly visible pollution at the mouth of the well, which really accounts for most of the ill results of

*Read at Annual Conference of California Health Officers, Stanford University, Palo Alto, September 19-21, 1922.

Digitized by Google

well analyses. The flow of water underground is ordinarily very slow, varying from a few feet to several hundred feet per day, under conditions of porous or cavern-like formation. Shallow wells in coarse or stone strata usually give high yield and low draw-down but they are apt to draw to themselves a distant pollution, while wells in soil or sand formations are most apt to secure the benefits of filtration through the sand.

To escape the dangers of underground pollution, especially through fissures in rock or in porous gravel layers, and to a large extent, the direct surface pollution, wells should be placed up-hill from sewers, privies, cesspools, corrals, yards and sloppy areas. Within suburban areas it is practically impossible to preserve the safety of well waters. They are exposed to so many sources of pollution that they demand quite as strict observation as any public supply, and this is manifestly impracticable. It will be noted that as a rule most suburbs very wisely obtain a community water supply early in their congestion.

The common well casing used is lapped and riveted sheet metal. When old and corroded it allows leakage from the outside through holes rusted in the casing. Even in new casing rivets are frequently omitted and distinct streams of outside surface water flow through. The use of screwed pipe as a well casing, while fairly common because of its ruggedness, should by all means be encouraged because of its sanitary advantages.

At the top of the well it is essential that all puddle water, pump drippage and dirt tracked to the vicinity be excluded. The best construction with this end in view is extension of the pipe casing or curb above ground fully six inches, and covering the well tightly with a concrete, metal or one-piece wood cover through which any piping should be tightly fitted. Surrounding the well there should be a concrete slab several feet wide draining away from the well. Dug wells should always have water-tight roof and side construction reaching to the source of the best underground flow.

The pumping or lifting facilities may frequently explain contamination. The rope and bucket arrangement is an avenue of pollution. So also is a pump requiring priming. In faulty wells the priming water falls back into the well with other drippage.

In quality well waters are normally clear, cold and hard. They are sometimes saline and may contain dissolved iron or manganese. Granitic or sandstone formations yield the softest and least mineralized well waters. Limestone and highly mineralized regions yield highly mineralized waters.

Hard or manganese waters are especially troublesome in choking the boiler and pipe system. Such waters can be redeemed but the expense is somewhat too great for most families. Saline waters are unpalatable and are irredeemable except by distillation. Chilling a saline water reduces the saline flavor. Waters containing color are usually indicative of iron. This element is troublesome in the laundry and may be offensive to taste and in appearance. Iron is usually removable by aeration and subsequent settling or filtration. Hydrogen sulphide odors and tastes are quickly removed by aeration. In fact, except for the saline waters, there are few that cannot be made to respond to the highly developed art of water purification, as known today, and frequently the investment for redemption pays for itself.

Different water-bearing strata behave differently in flow and chemical characteristics. A well-borer experienced in a certain region usually has little trouble deciding what strata is best for adequate supply but to determine the best water chemically or bacteriologically is beyond his scope. It is rare to find a well, even for public use, perforated or terminated scientifically on the showing of analyses made as the well is constructed. Yet in the satisfaction of having the softest water available and avoiding later troubles with pipe clogging such analyses are very worth while.

Bacteriological analyses are of no value whatever during or even a month after construction on account of residual contamination. Hence it is highly expedient to pay close attention to the details of construction as affecting the exclusion of polluting substances, while the well is being built. Samples of water from used wells are examined gratuitously for evidence of pollution by the State Board of Health, but only when a good purpose is to be served. It is quite useless to make such analyses while evident faults exist about the well. Even with negative laboratory findings the fact remains that there is potential contamination which may at any time become serious.

Springs. Springs are merely underground waters outcropping with some impervious strata which deflects their downward travel. Surface evidence of outcropping with spots of verdure, and a knowledge of underground dips, valleys and tributary watershed of the underground impervious strata are useful in

Digitized by Google

locating a spring supply. In their sanitary and mineral aspects spring-waters are similar to well-waters. The most common sanitary fault is an unclean condition at the outlet. This can often be improved by constructing underground tile collectors back from the face and leading them to a concrete vault.

Surface Water. In some large and prosperous sections of the state, for example Imperial Valley, the Sierra foothills and the Sacramento-San Joaquin Delta, the only source of supply lies in the river, creek and ditch waters. These are distinctly surface waters. They always contain a heavy pollution, are usually muddy and taste poorly on account of moss and vegetable growth. Minerally they are excellent and with filtration they become the best of waters.

Their filtration is entirely feasible to any household. The ordinary arrangement of works consists of (1) a pumping works, (2) an upper settling and storage tank holding the water used between pumpings, (3) a tank just below being the filter itself. The filter should be large enough that it need not filter faster than 10 gallons per square foot per day. Thus a 6-foot diameter tank would yield 250 gallons of filtered water per day—enough for the ordinary family. The filter tank is equipped with a ball cock and float feed so that water is admitted from the upper tank as needed, and with an orifice regulation on the outlet to maintain uniform filtration. The filter media must be a carefully selected medium—fine sand, 2 to 3 feet thick supported by a graded gravel layer. (4) A storage or service tank beneath the filter to hold a supply of filtered water. The orifice regulation for the filter is in this tank and is designed to close when the tank fills or the upper tank empties. The whole works are simple to construct and to operate but they require expert design.

Storage. Many good rural water supplies become foul by careless storage in open tanks. Simply covering such tanks and keeping the water in the dark will prevent the moss growths and keep the water sweet and clean.

Cross-connections. Cross-connections between a pure drinking supply and an impure irrigation or fire protection supply are dangerous and in most states are forbidden.

Disinfection. Disinfection of rural supplies is primarily an emergency measure, at best unsatisfactory by reason of the difficulties of regulating the small amount of chemical to the amount of water so as to remain within the narrow margin where disinfection is obtained without imparting a taste. Where disinfection is apparently prescribed it is likely that what is really needed is the removal of the source of pollution, a new supply or water filtration.

Chloride of lime purchased in one-pound cans is a convenient disinfectant. On acount of deterioration cans remaining open to the air for a couple of weeks should be discarded. A one-pound can should disinfect 150,000 gallons of moderately polluted clear water or 75,000 gallons of badly polluted colored water. For smaller volumes it is convenient to prepare in a quart or gallon glass jar enough solution of the chemical to last a week and use the proper proportion of the contents each time. For example, a family using 250 gallons each day would use 1750 gallons each week. If badly polluted this would require one-fortieth of the contents of a one-pound can. This one-fortieth of a pound or two-fifths of an ounce would then be dissolved in the jar and one-seventh of the contents stirred into each 250 gallons of water. The solution will not hold its strength longer than one week.

Sewage Disposal.

In spite of his broad acreage seldom does the rural dweller choose the site for his home with respect to the ease of sewage disposal. The sewage disposal usually advocated for rural needs is that by subsurface disposal. For success the method requires: (1) a porous, well-drained soil, (2) a fall of the ground from the dwelling to the tank of at least 6 inches per 100 feet, (3) a location of disposal plot below wells and water supplies, (4) for other than cesspool disposal, an area ranging from 100 to 400 square feet per person depending on soil imperviousness.

Difficult Sewage Disposal. In the wet and heaviest adobe soils or wherever rain water is observed to require days to drain away it is a serious question whether the ordinary householder is justified in having a complete plumbing system in his home. Certainly he should not be guided alone by the general instructions issued on the subject but should consult the State Board of Health or secure the opinions of those who have had experience in similar conditions of soil and sewage flow. The least insanitary system under these conditions would probably limit the use of the sewer system to the slops, lavatory, bath and laundry waste and use a chemical closet in place of the water flushed

Digitized by Google

toilet, since this is the source of waste which is most dangerous in a poorly working sewer system.

Sewer Wells. Disposal by dilution in water courses, dry or flowing, or in "sewer wells" is, as it should be, contrary to law. Throughout the state however there is considerable undetected sewer well construction by well borers ignorant of the law and of the sanitary dangers. The method is particularly vicious. These wells are bored to gravel, and the more porous the gravel is, apparently the more successful the well. What is forgotten is that in the porous gravel the sewage travels great distances and pollutes all surrounding water wells. In an investigation by Dr. G. L. Long, Health Officer of Fresno County, and Wm. L. Scales, his deputy, it was clearly demonstrated that sewer wells in so fine a media as "pea-gravel" polluted wells 1000 feet away.

Institutional Sewage Disposal. Where soil and area are suited subsurface disposal methods are applicable to populations as large as 200 persons. However as larger and more continuous and dangerous sewage flows are encountered the wisdom of using high grade treatment works with stone or sand filters or both, for the biologic redemption of tank effluents becomes more pronounced and the whole matter should be handled by one experienced in the field of sewage disposal. Under expert advice the sewage may be made as inoffensive and harmless as a clean ditch water.

Subsurface Disposal. A subsurface disposal system comprises: (1) a house sewer, properly vented at the building, (2) a septic tank for retaining the grease and sewage solids, (3) a disposal field provided with a system or ramification of underground tile, or other channel arrangement, from which the sewage may seep away slowly into the soil.

The house sewer should be not less than 4 inches and preferably 6 inches in diameter, laid straight as possible on an even slope of at least 6 inches per 100 feet, as far as the septic tank. In flat topography the septic tank, being tightly covered, may be near the dwelling and the sewer from the tank to the disposal field laid nearly flat. Sewers near trees should be a lead-jointed soil pipe.

Good designs for the septic tank may be obtained from the State Board of Health. In general the main features are a rectangular shape, at least 4 feet deep below the sewer and the roof or cover 18 inches above, a capacity at least equal to the day's flow of sewage, liberal grease and scum baffles at either end, extending approximately to mid-depth and a tight cover to exclude flies and confine smells. In concrete construction it is wise to leave a manhole opening in the roof for cleaning purposes, as every few years the tank will have become filled with solids. Cleaning it out restores its usefulness. Cleaning is indicated as necessary when settleable solids and bits of paper appear in the effluent.

Where initial economy is an item wood construction, not necessarily tight, except for the roof, may be employed.

The function of the septic tank is merely to relieve the disposal area of a considerable amount of greasy and solid particles which otherwise choke it quickly. Bacterially the effluent is decidedly unsafe. Chemically it is more obnoxious than before. Claims of disease-free and of pure septic tank effluents are unwarranted and dangerous utterances.

Subsurface Distribution. Of far greater importance is the disposal field and its distribution facilities. In the soil to which sewage is applied there occurs first a seeping away of the liquid, and secondly a humification of the sewage slime, strained out by the soil. The humification process is brought about by the bacteria that abound in the surface soil or "humus" of the earth.

There must, therefore, be no overloading of the soil in any particular or the humus-forming bacteria being of a type requiring air, become smothered. Stagnant, sour or odorous soil conditions mean the destruction of the humus-forming bacteria. Their reestablishment is a slow process.

Intermittency in sewage flow which allows air to fill the soil has a wholesome effect in the process. For this reason works of this type usually work best in schools or homes, where there is a complete cessation of sewage flow at night. They do not work well where for any reason sewage is arriving at the disposal field all the time. Weekly rest periods of portions of the disposal field in turn greatly prolongs its efficiency.

Where these conditions are satisfied the system is workable for years. Where they are not met the field will soon choke up and become a failure.

The distributors must be laid close to the surface, say not over 2 feet deep. They may be drain tile or an inverted wooden V-shaped trough, if wood is more convenient.

Tight soils require small distributors of greater length than do porous soils.

Digitized by Google

The range may be from 2-inch tile in tight soils to 6-inch tile or equivalent in a loose soil. Their length should be established on the principle that the tile must be capable of retaining the sewage which does not seep away during the day. The holding volume of the tile should range from the entire daily sewage flow for tight soils down to say one-fourth of this for loose soils. Thus a family sewage flow of 250 gallons per day would require 500 feet of 2-inch tile in a tight soil or 150 feet of 4-inch tile in a loose soil.

The individual lines should be as nearly flat and level as possible so as to load each one evenly. Their length should not exceed 100 feet and the spacing not less than 4 feet. The lines should be surrounded by a thin layer of gravel or stone, and soil excluded from the joints.

For the sake of better control of rest periods for the lines a shut-off box should be installed at the head of the lines with arrangements to completely shut any line out of commission. This same box serves to inspect the septic tank effluent and determine when the tank needs cleaning.

Cost of Sewage Disposal. For the ordinary family of five persons complete sewage disposal will cost around $175, divided as follows:

Concrete materials	$40 00
Lumber	10 00
200 feet 6-inch sewer	50 00
150 feet 4-inch tile	20 00
Miscellaneous	5 00
Total materials	$125 00
Labor	50 00
Total complete	$175 00

By the use of a wooden septic tank and wooden distributing channels the initial cost can be considerably reduced but the renewal expense is greater.

In institutional plants the costs will vary considerably. Recent bids for an exceptionally complete works for sewage treatment at the Community Hospital of San Mateo County, for which the writer was engineer, were $12,000, or about $60 per person. So that between the limits of $35 and $60 per person it may be quite safely stated that good sewage disposal for small units is possible.

Comprehensive sewer systems and complete disposal for cities and towns amounts to from $20 to $30 per person. Disposal alone will not exceed $10 per person.

Ordinarily, therefore, areas at all densely built up will find it most economical and far less troublesome to attack the problem in a wholesale way rather than individually.

Vacation Diseases Lead to School Epidemics.

The schools will soon be open. Teachers, parents, and children should know that wherever many children gather together the danger is greatest from measles, scarlet fever, whooping cough and diphtheria. At this season it is very important for mothers and fathers to work with the local health officer and family physician in trying to discover and isolate cases of these childhood diseases. It is particularly important to do this in any family where some child will soon be starting off to school. Then the school when it opens will not become the center for spreading an epidemic of some contagious disease through the community.

A case of scarlet fever can remain contagious two months or more, especially if there is a running ear or nose. Scarlet fever may be so mild that there is no rash but still it may be contagious. Diphtheria may be carried by a healthy school child to his classmates if a younger brother or sister recently has had it in the home. Therefore, just now as schools are about to open, health officers, doctors, parents, teachers and children should be especially watchful.

The schools are the healthiest places for children if we all will do our best to keep out of school any child who may scatter contagious disease. Remember that mild and undiscovered cases of scarlet fever can be contagious. Remember that a healthy brother or sister can carry diphtheria to a school and "pepper" it among his playmates there if he comes from a home where there is a case of that disease. If you have any suspicion that you may have had a contagious or childhood disease in your family during the summer vacation, be sure to consult your family physician or your local health officer about it before the schools open.—New York State Department of Health.

"The great business of life is to be, to do, to do without, and to depart."—Morley.

"The childhood shows the man,
As morning shows the day." —Milton.

Know then thyself, presume not God to scan;
The proper study of mankind is man.
—Pope.

Digitized by Google

JOINT STATEMENT OF RAY LYMAN WILBUR, PRESIDENT OF STANFORD UNIVERSITY, AND DAVID P. BARROWS, PRESIDENT UNIVERSITY OF CALIFORNIA, WARNING VOTERS OF CALIFORNIA AGAINST CHIROPRACTIC AND OSTEOPATHIC BILLS.

The principal function of the university is to set educational standards. The University of California and Stanford University have endeavored to maintain their professional schools on a basis that would be recognized throughout the United States and the world. This is particularly true in regard to the schools of medicine. Since public health is our most precious possession and the study of medicine is difficult and must be based upon a broad knowledge of fundamental science, we are demanding of our medical students that they undergo a longer training than that of any other profession. Even with the seven or eight years of university work required we are finding it difficult to find time to give the thorough training necessary. The universities are devoting large sums of money to the education of medical students. We feel that this is imperatively necessary in order to maintain standards and to protect the public health. We feel that any measure that permits men and women with low educational qualifications to enter the field of the practice of medicine is prejudicial to the interests of our own students and alumni and harmful to the public. The present initiative measures in regard to chiropractic, No. 16, and osteopathy, No. 20, would, if they became laws, bring about a very definite lowering of educational standards and in effect would vote a medical education to a very considerable group. Under the present law of the state it is possible for any prepared individual who is trained in the fundamental sciences to pass examination and practice osteopathy, chiropractics, or other forms of drugless healing. At the same time practitioners of medicine and surgery must pass a rigid examination. We feel that the present law gives full scope to the practice of various methods of treatment upon a basis that protects the public. We consider it our duty as heads of institutions of higher learning to thus call to the attention of the citizens of the state the importance of maintaining satisfactory standards in medical education.

(Signed) RAY LYMAN WILBUR,
President Stanford University.

(Signed) DAVID P. BARROWS,
President University of California.

COMFORT STATIONS A MATTER OF HEALTH AND COMFORT.

The closing of a vast number of saloons by the operation of the eighteenth amendment has eliminated a large amount of drunkenness and crime, but with them there departed the more or less savory free lunch and the exceedingly convenient "comfort stations." Americans who have seen such stations universally present in Europe in villages, towns and cities have wondered at their scarcity in this country. During recent years, however, there has developed a recognition of the need of "comfort stations," and they have been provided here and there; but they are by no means as universal as they should be. From a public health point of view the necessity for such facilities is well known. Practically, however, their provision is not so much a medical as a plumbing problem. "Domestic Engineering," a periodical devoted to the plumbing trade, features the subject of "comfort stations" in its current issue. A survey has been made of the facilities for this purpose in 120 American cities. Forty-four per cent of these cities lack suitable facilities. Research has been made on cost of installation and operation, on various types of devices to be utilized, and on methods of conducting these stations. In many instances the saloon "station" was a makeshift—insanitary, filthy, often obscene. The modern municipal comfort station is a clean, sanitary, commodious, even beautiful structure. Wisconsin, we are informed, has passed a state law, affecting more than 400 municipalities, making the provision of comfort stations compulsory. Physicians, knowing their importance, both for comfort and for health, will welcome progress of this character.—*Journal American Medical Association.*

**While meagre phthisis gives a silent blow,
Her strokes are sure, but her advances slow.
No loud alarms nor fierce assaults are shown.
She starves the fortress first, then takes the town.**
—Garth.

**Where the city of the healthiest father stands,
Where the city of the best-bodied mother stands,
There the great city stands.**—Walt Whitman.

Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children.—Woodrow Wilson.

Digitized by Google

MORBIDITY.

Smallpox.

Only four cases of smallpox have been reported to date for last week, Glendale 1, Livermore 2 and Los Angeles County 1.

Typhoid Fever.

Nineteen cases of typhoid fever have been reported to date for last week, from the following localities: Berkeley 2, Fort Bragg 1, Fresno County 1, Long Beach 1, Los Angeles 4, Ontario 2, Pomona 1, San Francisco 3, San Joaquin County 2, San Luis Obispo County 1, San Mateo 1.

Poliomyelitis.

Three cases of poliomyelitis were reported to date for last week, one case each from Fresno County, Fresno and Los Angeles County.

Epidemic Encephalitis.

Dinuba reported one case of epidemic encephalitis last week. No other cases have been reported to date.

Statistics show that three times as many persons go insane in time of war as in time of peace.

A sick community is a poor community and a bad neighbor.

HAVEN EMERSON, M.D.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Oct. 7 received by Oct. 10	Week ending			Reports for week ending Oct. 8 received by Oct. 12
	Sept. 16	Sept. 23	Sept. 30		Sept. 17	Sept. 24	Oct. 1	
Anthrax	0	0	0	0	0	1	0	0
Cerebrospinal Meningitis	1	2	5	0	2	5	0	3
Chickenpox	32	34	27	20	43	22	35	25
Diphtheria	122	145	143	141	125	141	135	183
Dysentery (Bacillary)	3	6	1	2	6	0	3	2
Epidemic Encephalitis	3	2	1	1	2	0	3	7
Gonorrhoea	106	85	103	104	102	188	113	94
Influenza	6	16	14	27	9	10	6	7
Leprosy	0	1	0	0	0	0	0	0
Malaria	9	18	8	11	21	11	6	7
Measles	9	3	6	10	15	9	15	4
Mumps	10	19	25	19	44	37	44	44
Pneumonia	49	67	38	38	54	45	33	27
Poliomyelitis	0	3	2	3	16	16	18	5
Scarlet Fever	46	73	70	94	66	66	65	60
Smallpox	20	10	5	4	43	47	28	45
Syphilis	125	81	110	107	109	113	111	80
Tuberculosis	170	136	141	111	143	170	130	144
Typhoid Fever	36	37	32	19	19	32	30	24
Whooping Cough	37	35	32	21	42	30	34	26
	784	773	763	732	861	943	809	787

19991 10—22 6500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 36 OCTOBER 21, 1922 GUY P. JONES EDITOR

Full-Time Health Department for Orange County.

The supervisors of Orange County last week appropriated ten thousand dollars for the establishment of a full-time health department in that county. Dr. A. H. Domann, county health officer, was largely instrumental in bringing about this result. His enthusiasm, vision and public-spirited attitude mean much for the future of public health in Orange County. The various municipalities of the county will, undoubtedly, cooperate and join the full-time department. It is planned to establish a bacteriological laboratory in cooperation with the county hospital.

Monterey and San Luis Obispo counties have already appropriated money for the establishment of full-time county health departments, and it is believed that at least two other counties will soon perfect plans for the establishment of similar organizations.

Another Child Dies of Rabies.

A Los Angeles child, four years of age, was bitten by a dog August 31. The animal was sent to a veterinarian on September 1, remaining there until September 4, when it died. The head was sent to the laboratory of the Los Angeles City Health Department, where it was examined and found positive for rabies. For some unknown reason the child was not given the Pasteur treatment. On the evening of October 11 he had a headache; on the 12th he could not swallow, refused to eat and could not drink water. On the 13th the child became greatly excited; he asked for water and tried to drink from a paper cup through a straw. This attempt set up a spasm of the throat and he was unable to drink any water at all. He could not walk and stood with his legs far apart when trying to do so. After suffering for three more days the child finally died in the most extreme agony on the evening of October 16.

This short-case history is not related here for the purpose of frightening anyone. It is published in order that the general public may know how horrible is a death from rabies. Many physicians and nurses, accustomed to suffering and death in many forms, are unable to stand the emotional strain in seeing a child suffer from this truly terrible disease. The Pasteur treatment is preventive only, and this child might have been saved from such a death had the preventive treatment been given promptly. If Amendment No. 28 should pass, the anti-vivisection measure, to be voted on November 7, this treatment could not be given hereafter in California for the reason that rabbits are used in the manufacture of the virus. This is not painful to the animals and they are subjected to no torture. Which

Digitized by Google

is more important—the life of a four-year-old child or the life of a rabbit?

Rabies is more prevalent in California at the present time than it has been for many years, and a very large number of Californians who have been bitten by rabid animals this year have received protection through the Pasteur treatment. During the past ten years several thousand of these preventive treatments have been given. Is it better that our citizens should be left to die of this preventable disease in order that a few small animals may live?

Health Officers Oppose Initiative Measures.

The health officers of California, assembled in their annual conference at Stanford University, September 19 to 21, passed a resolution in which they oppose three anti-health measures that will appear upon the ballot in the November election. Following is the text of the resolution:

"Whereas, There are three anti-health and anti-education initiatives to be voted upon by the people of California at the general election, November 7, 1922, namely, the Chiropractic, Osteopathic and Anti-Vivisection initiatives; and,

Whereas, It is the duty of health officers to inform the people on questions that affect the public health; now, therefore, be it

Resolved, That the health officers of California, in annual convention assembled, do hereby announce their active opposition to number 16, the Chiropractic Initiative, which would destroy the value of public health statistics by permitting unqualified persons to diagnose infectious and contagious diseases and to sign death certificates; to number 20, the Osteopathic Initiative, which would nullify present state laws which prohibit osteopaths and other drugless practitioners from administering opium, cocaine, morphine and other habit-forming drugs; to number 28, which would prevent effective work of health boards, veterinarians, bacteriologists, research workers, debar forever educated physicians and surgeons who dare to render life-saving scientific service to the people of this state, and penalize the scientific study, prevention, cure and control of diseases that attack man and animals.

Resolved, That we urge the people of California to vote 'No' and defeat these three anti-health measures."

Cancer Week November 12 to 18.

A nation-wide educational campaign will be conducted during the week of November 12 to 18 in order to acquaint the general public with the increasing menace in cancer mortality. Efforts will be made to spread the facts regarding cancer, its causes, treatment and prevention. There is much concerning cancer and its control that is not known. Whatever knowledge is available upon this subject, however, should be made known to everyone. Dr. A. R. Kilgore of San Francisco has charge of this educational campaign in California, and he will distribute literature and provide lecturers in any community where public health workers may desire to assist in this commendable work.

The California cancer death rate has increased greatly since 1906. Each year the death rate from this disease shows an increase over that for the preceding year. In 1921 this rate was the highest in the history of the state. The death rates for each year since 1905 follow:

CANCER 1906 TO 1921. DEATH RATES PER 100,000 POPULATION.

1906	76.3	1914	93.0
1907	76.6	1915	91.6
1908	79.5	1916	94.4
1909	84.9	1917	97.7
1910	82.7	1918	98.0
1911	80.9	1919	104.3
1912	88.1	1920	108.6
1913	94.2	1921	112.1

Health Conditions Bad in Russia.

According to a recent epidemiological bulletin, issued by the Health Section of the League of Nations, about seven million cases of typhus and relapsing fever, without counting the figures for the Red Army, have been reported, officially, during the past four years. The bulletin states: "The culminating point was reached in 1919 and 1920, when 4,917,000 cases of typhus and 1,259,500 of relapsing fever were officially recorded. The official figures, however, do not represent the total incidence and must be

Digitized by Google

multiplied by at least 2½ in order to obtain an approximate picture of the situation."

Russia has suffered from these diseases to a greater extent than any of the European nations, although conditions in Central Europe are still said to be bad. That the United States must throw out every safeguard for keeping these diseases out of this country, goes without saying. It is doubtful if there has ever been a time in history when public health needed greater support than it needs at the present time. This applies not only to the federal health service, but also to every state and local public health activity.

POSTURE OF SCHOOL CHILDREN.

"The posture of school children can not be said to depend entirely, or even chiefly, on any one condition. The following conclusions seem to be confirmed by the facts noted in this study:

"1. While good nutrition is a contributing factor to good posture, it is by no means an indispensable condition.

"2. Defective vision, adenoids, and bad tonsils tend to have an unfavorable effect on a child's posture.

"3. When the hygienic conditions in a school are not of the best, and health measures are inadequate, there is a moderate decrease of good posture and increase of poor posture from the first to the fifth grade, inclusive. This is not believed to be a necessary accompaniment of school life, but a condition that may be easily remedied by co-operation of the health and educational authorities.

"4. In planning exercise with a view to the promotion of good posture, it is suggested that setting-up exercises be simple and vigorous and play full of energy and vim. Formless, jellyfish gymnastics, or stupid, silly games, played half-heartedly, have little place in the proper physical development of the growing child."—*Public Health Reports, Aug. 25, 1922.*

To cure is the voice of the past; to prevent is the divine whisper of today.—Florida Health Notes.

Statistics show that three times as many persons go insane in time of war as in time of peace.

A sick community is a poor community and a bad neighbor.

HAVEN EMERSON, M.D.

PLAGUE IN CALIFORNIA.*

By Senior Surgeon J. C. Perry, United States Public Health Service.

The plague situation throughout the world is engaging the attention of sanitarians and those whose duty it is to combat an extension of this disease. There has been a sharp increase in human plague in several ports in the Orient, and rodent plague is widely disseminated. Three cases of plague in man have been reported in the Island of Hawaii since June 30th of this year as a result of a focus of rodent infection.

It is a well established fact that as long as a focus of plague in rodents exists there is serious danger, and that this smouldering fire may break into a flame, if not a conflagration, at any time. It may be quiescent for a period when suddenly human cases occur with a sharp increase in the number of victims. The danger of this disease spreading from infected rodents is well known, and when consideration is given to the endemic presence of plague in the ground squirrels of California and the occurrence of two widely separated cases of human plague from this source during the present year, it becomes pertinent to inquire what are the existing conditions as regards this disease in the state, the dangers that are apparent, and what remedial measures are being carried out.

A study of this subject leads to a consideration of plague in cities or towns and of plague in rural districts. The former may at present be only interesting to some from an historical standpoint but the latter is a live question of today, and the close correlation between the two may bring about a condition by which the urban situation becomes even more vital than the serious rural problem that we face.

A brief resumé of the history of plague in California seems permissible, especially as there seems to be some direct bearing on present conditions.

Historical.

The first case of human plague was reported in San Francisco in March, 1900, but its presence was suspected in 1899 and it is believed the disease existed among the rats one or two years prior to the latter date. Our knowledge at that period of the methods by which plague was spread was not accurate, and the rat as an intermediary for this disease was not at that time receiving serious consideration, hence the main effort was

*Read at Conference of California Health Officers, Stanford University, Palo Alto, September 19-21, 1922.

Digitized by Google

directed towards control of human agents, which lead to isolation and quarantine of infected premises, thereby evoking the hostility of the people. There was considerable resentment over the reported presence of plague and most of you are probably familiar with the controversy which occurred at that time. Differences of opinion existed and in view of the doubt and uncertainty surrounding the issue, it is not surprising that little effective work towards combatting the disease was carried out in the early days. In fact for two years the work was of a desultory nature, was not coordinated along definite eradicative lines and no permanent results were obtained.

The active coordinated effort to rid the city of the pest was not started until the beginning of 1903 when conferences were had and protective and eradicative measures were agreed on. Important lay committees were created and worked in conjunction with the health authorities. These were of the greatest material benefit by securing the cooperation of the people, especiallv the Chinese, and the furtherance of measures for the destruction of rat harboring places and the rat-proofing of all buildings in the section known as Chinatown. So effective was this coordinated effort that the city was declared free from plague in February, 1904, and no further cases occurred until May, 1907, one year after the great fire.

In 1907 human plague reappeared in San Francisco and this invasion was not confined to Chinatown but cases occurred throughout the city at widely separated points. The old question of the origin arose, and while determination of source of infection was not definite and exact the following hypotheses are worthy of consideration:

(a) Did rats infected with plague in subacute or chronic form continue to exist in San Francisco for a period of three years without the appearance of human cases? This, in my opinion, is possible because the history of plague shows that infection in rodents may exist for long periods without the occurrence of human cases.

(b) A second possibility is the transmission of the disease to the rats from plague-infected ground squirrels. As there is today infestation with squirrels of the hills adjacent to the outskirts of the city, it is believed a safe prediction to say similar conditions existed at that time and before attention had been directed to these rodents as plague reservoirs. Later studies showed that cases of human plague had been contracted from ground squirrels in Contra Costa County in 1903 and 1904, consequently, these rodents were infected with plague at that time and the possibility of the squirrels adjacent to San Francisco having become infected is worthy of consideration, especially as rat plague had been present in the city for a period of five years.

The first epidemic and the lesson learned in its control being fresh in the minds of the authorities and the people, the federal, state and city authorities immediately started an intensive campaign to eradicate the dread disease. It having been demonstrated that rodents were the principal factor in the spread of plague, the main efforts of the officials were directed towards ridding the city of these animals. The work was so successful that the last case of human plague occurred in January, 1908, and the last infected rat was found in October of the same year.

Plague in Ground Squirrels.

The problem we face today is the presence of plague in these rodents, which constitute a grave menace to the communities in which these endemic foci exist. We do not know definitely when this infection first occurred, but reports indicate that ground squirrels in the east bay counties died from some epizootic prior to 1900, and it is more than possible that the disease affecting these rodents was plague. However, attention was directed to the possibility of the ground squirrels being infected with plague during the sanitation campaign for the eradication of this disease in the second outbreak in San Francisco, and in August, 1908, it was definitely proven bacteriologically that plague infection existed in these rodents in Contra Costa County. As already stated, however, clinical evidence pointed to the existence of plague in the ground squirrels prior to the date of actual determination.

In 1903 a person living in Pacheco was taken sick, a few days after shooting squirrels in the neighborhood of his home, with a disease that was clinically plague which resulted in death after a short illness. As he had not visited any known focus of infection and had not been in San Francisco or Oakland for some time prior to his illness, it was natural to conclude that the infection must exist in his own neighborhood. Two other cases of a similar disease were found to have occurred in 1903 and 1904 in Contra Costa County and the history of both showed intimate contact

Digitized by Google

with ground squirrels. Attention to this probable source of infection was still more forcibly emphasized by the occurrence of two more cases of bubonic plague in Contra Costa County in July, 1908. These also gave a history of squirrel contact.

It is probable that the ground squirrels in Contra Costa County were first infected, and plague was introduced by infected rats on ships from plague infected ports. The precautions taken before the rat as a disseminator of plague was understood were inadequate to prevent any such infected rodents gaining access to the shore with resultant spread of the disease. At many points rats and squirrels are in close contact and have been trapped from the same burrow. Consequently the transfer of the infection from the one rodent to the other can easily take place. The supposition of some is that the point of contact was in the vicinity of the grain warehouses of Port Costa. This infection has spread to Alameda, San Joaquin, Stanislaus, Merced, San Benito, Monterey, Santa Clara, Santa Cruz and San Mateo counties, and may exist in other parts of the state.

The presence of plague in the ground squirrels having been proven an active campaign was inaugurated in the spring of 1909 by the Public Health Service working in cooperation with the state and local authorities for the purpose of determining (a) the extent of infection, (b) the eradication of determined foci of infection and (c) intensive squirrel destruction by poison, etc., in Alameda and Contra Costa counties, in an effort to create a squirrel-free zone to protect the bay cities. This campaign has been continued to date with varying intensity, dependent upon the amount of available appropriation. The work was carried out in the ten counties enumerated until 1917, when the reduction in appropriation necessitated a contraction of activities to the counties of Contra Costa, Alameda, San Mateo and some work in San Francisco County. However, in 1920 it was possible to resume work in the seven counties from which it was necessary to withdraw in 1917, and although these enlarged activities only lasted one year it was useful by furnishing information whether the plague infection had continued and by giving what is believed to be a reliable index of the status of plague dissemination in these rodents at the present time.

Present Conditions.

The examination of squirrels in the laboratory during 1920 showed that infection still existed in these rodents in the following counties: Alameda, Contra Costa, Merced, Monterey, San Benito, San Joaquin, Santa Clara, Santa Cruz, Stanislaus and San Mateo and as the conditions are favorable for a perpetuation of this disease, it is safe to predict that plague exists today in the localities mentioned. This has been still further proven by the occurrence of two human cases of plague in San Benito County in 1921, one case in Alameda County and one in Santa Cruz County in 1922. Plague undoubtedly exists in ground squirrels over a wide area, and as the work it was possible to accomplish from 1909 to 1917 under large appropriations and when the danger was fresh in the minds of the people, did not eradicate but only controlled the disease, the outlook for the future is not bright. Wherever the plague carrying rodent and its flea can live the disease is almost sure to spread, and this problem is today fraught with danger not only to communities in which endemic foci exist, but also to the large centers of population and the state as well.

The question may arise why there are so few human cases of plague when there are so many endemic foci of squirrel infection and the probable answer is that where the squirrels are most numerous there are few residents. These rodents are most numerous on grazing lands because difficulty has been experienced in having anti-squirrel operations carried out on these larger areas on account of the expense and the low monetary return from this type of land. It is very important, however, that these areas should receive careful treatment, especially by poisoning operations, for the destruction of squirrels, as these animals migrate to new territory and establish new plague foci. Where land comes under intensive cultivation, especially on small holdings, there are few squirrels, because they do not like constant disturbance of their colony and besides the farmer carries out active destructive measures from an economic view.

Existing Dangers.

It can be readily comprehended that as long as there are foci of plague infection there is danger to the community in which it exists and to other places by extension of infection from those foci. It is desired in this connection to point out two of the major ones, and they will be considered in the order of their importance.

1. The danger of rural plague becoming urban. The transmission of plague

Digitized by Google

to the rats of populated centers from the ground squirrels in the environment. These rodents come together in the outskirts of towns and have been caught from the same burrow. How easy and simple under such conditions to start an epidemic of rat plague to be followed by an outbreak of human cases. This constitutes a real danger, and all county and city officials in districts where plague exists should be alert to this possibility, and require the institution of such remedial measures as will remove or minimize this menace. I can not emphasize too strongly the importance of destroying the squirrels in the environment of centers of population. This should be done first and the work extended in order to create and maintain a squirrel-free zone, thereby safeguarding the city or town by preventing the infection of its rats through squirrel contact. This principle has been preached by every health official engaged in plague eradicative work, its importance was early recognized and the plan was executed as far as funds would permit.

When the federal appropriation for this work was so reduced that only limited operations could be carried out, the work was concentrated in the bay counties as there is no question the maximum results would be obtained by intensive operations to control or eradicate squirrels around the large centers of population. The effort is directed towards creating and maintaining a squirrel-free zone around the east bay cities to prevent transmission of plague from squirrels to rats in these important commercial centers. It is estimated that an intensive three-year campaign will be required to effect proper results and then minor operations will be sufficient to maintain this zone comparatively free from squirrels. The work last year was quite satisfactory in this district and operations now in progress are expected to materially improve conditions by destruction of these rodents over a larger area, thereby protecting against reinfestation of zones which have been successfully treated.

As already stated the work under federal supervision is now being carried out in only four counties: Alameda, Contra Costa, San Mateo and San Francisco. The operations are conducted in cooperation with state and county officials who are rendering valuable aid and taking an active and effective part in squirrel eradication.

It is unfortunate that intensive work is not being prosecuted in other counties in which plague in squirrels has been demonstrated. The people are apparently not aroused to the danger of foci of infection in their midst, and even occasional cases of human plague fail to arouse them from their feeling of false security.

2. The second danger that must receive consideration is that of human plague from contact with infected squirrels. A number of such cases have occurred, and nearly every year there are one or more victims. In the majority of such instances the infection is confined to the affected individual, but this is not a safe assumption, and such cases of plague may be the starting point of a serious outbreak.

A startling example of this was furnished by a small epidemic of pneumonic plague in Oakland during 1919. All of you are no doubt familiar with this occurrence and mention is only made to emphasize the point that there is danger as long as a focus of infection exists no matter how quiescent it may seem. The first case in that series of fourteen contracted plague from ground squirrels. At first his disease was bubonic, but a plague pneumonia later developed, and the spread to others was rapid through contact and droplet infection.

The two human cases that have occurred this year furnish excellent examples of danger from squirrel infestation near occupied dwellings.

The first case was a child three years old that had not been away from the yard and adjacent lot during the entire period of a week's visit on the premises, and consequently the disease could only have been contracted on the premises. An investigation determined the existence of a large colony of ground squirrels in an orchard about one hundred yards from the living quarters. In fact, thirty squirrels were shot at this point. A high percentage of infection was proven in squirrels shot within a radius of one-half mile from this residence, as nine were found infected with plague out of 259 examined.

The second case was a young man employed on a chicken ranch near Soquel, Santa Cruz County. One of his duties was to drive cows to a pasture badly infested with squirrels, but an investigation showed a large colony of squirrels within 100 yards of the house where he lived. There was ample opportunity to acquire infection from these squirrels if any were infected as he walked over many burrows in the roadway at least twice a day. These two human cases clearly demonstrate the danger of infested environment in which infection may exist.

Digitized by Google

What Remedial Measures Should be Taken.

It has been shown that plague infection in ground squirrels still exists in at least ten counties, disseminated over a wide area. It should be apparent to all who give this matter careful thought that that this infection will spread unless more active remedial measures are carried out in most of these counties than is practised at present, also that as long as foci of infection exists there is danger of an outbreak of human cases of plague. The problem is stupendous and not easy of solution and the only remedy of absolute protection is difficult of application.

The work so far has only controlled, not eradicated, but if a concerted and intensive campaign, with all agents properly coordinated, would be carried out over a period of three years, with the necessary follow-up work, invaluable results would be acomplished, and the squirrels if not exterminated would at least be brought under such control as to remove to a large degree the menace now existing.

Such a campaign would cost a large sum and necessitate much larger appropriations. This may make the plan impossible, but expenditures even if large under such a plan would be economy in the end and accomplish results impossible to obtain under past and present procedure.

If the ideal is unobtainable what can be done to effect a reasonable degree of safetv? This objective can be attained in two ways: (a) limiting foci of infection by area destruction of squirrels and (b) by measures against rats so that if contact between these rodents is established the number will be limited and transference of infection minimized.

The first step should be to require owners to rid their property of squirrels, with special attention to the destruction of these rodents near towns, villages, school houses and around rural dwellings. If compulsion is necessary the law governing this matter should be enforced. This work should be carried out under supervision of county or other officials, and sufficient funds should be appropriated to provide the necessary number of inspectors for this purpose.

In this discussion the destruction and control of ground squirrels has been stressed from a public health standpoint, but the economic value of these measures should appeal to property owners, as the money expended in the eradication of squirrels will eventually be returned many fold.

Measures Against Rats.

As there is danger of the transmission of plague from squirrels to rats in adjacent territory, particular attention should be given to the destruction of rats in populated centers where it is possible for these rodents to establish contact. Active measures should be taken to destroy breeding and harboring places and the permanent control of rats effected by proper garbage disposal and rat-proof construction of buildings. A wise precaution is to periodically trap and examine a sufficient number of rats in order to determine whether plague infection has possibly been introduced, because the earlier rat infection is known the easier and more economically it can be eradicated.

Summary.

1. At the present time plague infection in ground squirrels exists in ten counties embracing a wide area.

2. As long as endemic foci of plague exist there is danger to the community, either by an outbreak of human cases primarily or secondary to infection of rates in contiguous territory.

3. The measures it has been possible to carry out against squirrels to date have only resulted in nominal control and not eradication.

4. Efforts are now concentrated, with promising results, in the four bay counties for the purpose of creating a squirrel-free zone around populous centers.

5. Active measures should be carried out for the destruction of both squirrels and rats in contiguous territory in order to eliminate points of contact and the danger of plague transference.

6. Ground squirrels can only be eradicated or sufficiently controlled for safety and endemic plague foci eliminated by an intensive coordinated campaign extending over at least three years.

7. Much can be accomplished and greater safety assured by destruction of squirrels around towns, villages and rural habitations.

8. Squirrel eradicative work in any area to be effective must be followed up. The treatment of a place one year and then neglecting it for two or three years will not produce permanent results as the squirrels rapidly increase from those left or those that migrate into it.

9. Measures against rats to render that area less susceptible to plague invasion is strongly urged, and the periodical examination of rats at danger points is of prime importance.

Digitized by Google

MORBIDITY.*

Smallpox.

Only two cases of smallpox have been reported, one from Los Angeles and one from Oakland.

Typhoid Fever.

Seventeen cases of typhoid fever were reported and distributed as follows: Berkeley 1, Calistoga 1, Lake County 1, Los Angeles 5, Pasadena 1, San Francisco 2, San Mateo 2, Santa Clara County 1, South Pasadena 1, Sunnyvale 2, Stockton 1, Watts 1.

Poliomyelitis.

Two cases of poliomyelitis were reported, one from Fresno County and one from Red Bluff.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis were reported, these cases being reported from Long Beach, San Francisco and Santa Barbara County.

Rabies.

Los Angeles reported one case of human rabies.

Epidemic Jaundice.

Los Angeles reported three cases of epidemic jaundice.

*From reports received to date for last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Oct. 14 received by Oct. 17	Week ending			Reports for week ending Oct. 15 received by Oct. 19
	Sept. 23	Sept. 30	Oct. 7		Sept. 24	Oct. 1	Oct. 8	
Anthrax	0	0	0	0	1	0	0	1
Cerebrospinal Meningitis	2	5	0	3	5	0	3	1
Chickenpox	34	27	24	36	22	35	28	37
Diphtheria	144	143	167	141	141	135	214	217
Dysentery (Bacillary)	6	1	1	2	0	3	2	22
Epidemic Encephalitis	2	1	1	1	0	3	8	2
Epidemic Jaundice	2	0	0	3	0	0	0	0
Gonorrhoea	85	103	116	110	188	113	107	64
Influenza	15	14	29	17	10	6	15	25
Leprosy	1	0	0	0	0	0	0	1
Malaria	18	8	13	4	11	6	10	6
Measles	3	6	12	13	9	15	7	10
Mumps	19	25	22	32	37	44	41	48
Pneumonia	67	38	41	52	45	33	38	60
Poliomyelitis	3	2	2	2	16	18	6	3
Rabies	0	0	0	1	0	0	0	0
Scarlet Fever	73	69	97	86	66	65	85	68
Smallpox	10	5	4	2	47	28	60	34
Syphilis	81	110	116	111	113	111	90	83
Tuberculosis	136	141	135	131	170	130	154	160
Typhoid Fever	37	32	23	19	32	30	31	22
Whooping Cough	35	32	30	75	30	34	28	30
	773	762	833	841	943	809	927	896

19991 10—22 6500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 37 OCTOBER 28, 1922 GUY P. JONES EDITOR

CALIFORNIANS ARE LIVING LONGER LIVES.

The lengthening of human life is a valuable index to general health conditions in any state, and the fact that the average human life in California has definitely lengthened during the past decade indicates that public health conditions throughout California have improved greatly during recent years. The extension in longevity, in 1920, for California, in fact, is considerably greater than is the extension in longevity, in 1910, for the United States. Computations made by the California State Board of Health show that California's gain over the United States in longevity is greatest for the period after 60 years of age.

Favorable climatic conditions, stability of temperature and humidity, good social conditions, comparative absence of the first generation of the foreign-born, the infrequent occurrence of severe summer diseases of children, and the immense amount of work leading to the conservation of child life accomplished recently in California, are, no doubt, the chief factors that have to do with the gain that has been made in California for the age period under 20 years. The gain in the period over 60 years, very probably is the result of the migration into California of large numbers of healthy individuals past middle life. Thousands of independent, able-bodied individuals, who come from good race stocks, journey to California to spend in comfortable surroundings the latter part of their lives in this state. The number of such persons is sufficiently great to determine the gain in longevity in California for the age period over 60 years.

Centenarians Inconsistent.

The news columns are constantly carrying stories of centenarians, who are invariably asked for information concerning the factors to which they attribute their longevity. The reasons given represent a wide variety of inconsistencies. One centenarian attributes his long life to the use of tobacco and alcoholic beverages, while another attributes the long years of life to the fact that he has never used tobacco or alcohol. Another centenarian says that he has lived long because he has always worked hard and has had continuous worries in the struggle for existence. His claims are repudiated by others who have lived to a ripe old age, and who claim that ease and comfort have enabled them to pass the century mark. All such cases are exceptions rather than rules.

It is the extension in longevity for large groups of people only that counts. For an occasional individual, here and there, to live past the century mark is to be expected. How much more important it is for thousands of individuals to live ten years or more beyond the average age of death. Public health in California is

Digitized by Google

responsible largely for the fact that Californians are living longer lives than are the residents of most other states. The provision of more extensive preventive measures against communicable diseases, the improvement of living conditions, and the forces that have to do with the provision of better facilities for the care of the sick and for more extensive research into the causes of disease, have all contributed to longer life in California.

The chances for dying are much greater during infancy and during old age than in any other periods of life. The facts that such remarkable gains have been made at these two extremes of human life in California speaks well for the agencies that have brought about these gains. There is still much important work to be done in the prevention of deaths during early adult life. Cancer and nephritis are taking greater toll of lives each year. The tuberculosis death rate, while it has been lowered greatly, is still much too high. The migration to California of persons suffering from tuberculosis in an advanced stage is the greatest factor in bringing about a high death rate for this disease in California. There are many other problems connected with the conservation of life during the early adult stage, and it is among persons of this age group that public health authorities are chiefly concerned at the present time.

United States Ahead.

Comparing longevity for the United States with that of other countries shows results very favorable toward the United States. Residents of Australia and Sweden, however, have far greater chances of living to a ripe old age than have the residents of any other countries. In Australia there are more people alive up to about 68 years of age, and in Sweden over 68 years of age, than in any other of the countries shown. Expectancy of life is much less in India than for any other country. In India, for every hundred thousand born alive, nearly one-half have died before reaching 10 years of age. While in the United States, 81,900 out of every 100,000 born alive are still living at this age (10 years), meaning that 18,100 children under 10 years of age have died, while in Australia there have been only 12,500 such deaths. The chances of persons living to reach 10 years of age, therefore, are about 51 to 49 in India; about 72 to 28 in Italy; 82 to 18 in the United States, and about 87½ to 12½ in Australia.

Death is inevitable and must come eventually to every living thing. Longevity means merely the postponement of death. The postponement of death, through the prevention of disease, is the chief aim of all public health work. That public health authorities have been successful in their work is shown not only in the reduced death rates for the various communicable diseases, but also in the resultant extension of human life in California. It is certain that the prevention of communicable diseases in early life is one of the greatest factors in preventing the development of other diseases in adult life, and there is substantial evidence at hand to show that through the prevention of communicable diseases, years may be added to the average human life. There is much to be done in the control of these diseases, and it is only through continuous earnest effort upon the part of health authorities in cooperation with the general public that longer, happier lives may come to all individuals within the state.

Septic Tank Has Limitations.

A certain septic tank manufacturer operating in California advertises that his tank is "Indorsed by State Board of Health Officials." It is not the policy of this State Board of Health to lend its name for advertising purposes and the exact nature of the alleged endorsement has not been made known.

A septic tank very often serves a useful purpose. Very often it is the wrong thing to install. The question to be settled is usually whether a septic tank or something else is needed, not whether this septic tank or that septic tank is best. All septic tanks are much alike in general design and operation. They are merely boxes, large or small, depending upon capacity required, in which the velocity of flow is retarded in order to permit larger solids to settle, thus partially clarifying the sewage.

The State Board of Health Bulletin No. 39 presents a general discussion of sewage disposal for the isolated home and will probably be of interest to anyone confronted with a problem of this kind.

Digitized by Google

TYPHOID VANISHING FROM CALIFORNIA.

The story of the gradual disappearance of typhoid fever from California is spectacular but not dramatic. The rescue of three hundred passengers from a burning steamship is dramatic and spectacular as well. The saving of eight thousand lives from typhoid fever during a period of fifteen years excites little interest in comparison with the three hundred saved from ocean perils, but the saving of those eight thousand lives from a preventable disease has a far-reaching economic and social aspect. To be sure, the death rates for other communicable diseases have been reduced greatly during the past fifteen years but none of them have been so nearly eliminated as has been typhoid fever.

In 1906 thirty-three persons out of every hundred thousand in California died of typhoid and in 1921 but four persons out of every hundred thousand died of this disease. Had the 1906 rate prevailed in 1921 there would have been nearly 1200 deaths from this disease last year, whereas there were actually 147 such deaths. Nearly every case of typhoid fever in California at the present time is contracted in the rural districts. Conditions in the larger cities where active health departments are maintained are responsible for the remarkably low rates for this disease in urban centers. When it is considered that most community water supplies in California find their sources in surface streams it speaks well for the control and treatment of municipal water supplies in this State. If the rural districts were able to control typhoid as it is controlled in the cities it is possible that our typhoid fever death rate for California might be made to approach the vanishing point. The California State Board of Health is, at the present time, providing every possible assistance to communities that are without safeguards against typhoid and is encouraging the strengthening of rural health departments in order that warfare against this disease may be more effective.

California Ranks High.

The last published typhoid fever death rate for the United States Registration Area was 7.8 per hundred thousand population, while the same rate for California in 1921 was 4.1 per hundred thousand population. The only states achieving better records in typhoid control are the New England states of Massachusetts, Rhode Island, New Jersey, New Hampshire, New York, and Connecticut. Minnesota, however, a middle-west state, active in efficient public health administration and Wisconsin, another middle-west state, similarly active, are close contenders with Massachusetts for first place in the national typhoid roll of honor.

The large cities of California determine the downward trend of the typhoid fever mortality rate for the state. In 1921 our larger cities had typhoid death rates varying from 1 to 3 per hundred thousand population, considerably lower than the state rate of 4.1 per hundred thousand population. During some years the typhoid death rate for one of these larger cities approaches the higher state rate but when this occurs it can nearly always be traced to an outbreak of the disease among the residents of that city who have contracted their typhoid in one of the rural districts.

Making Vacations Safe.

Making vacations safe for Californians is one of the big pieces of work being undertaken by the State Board of Health. Campers have been encouraged in the use of municipal automobile camps in order that promiscuous camping with its almost certain pollution of streams may be done away with. All of these municipal and private automobile camps are under supervision of the California State Board of Health and rigid regulations for their control are constantly enforced. Most California cities are sending samples of their municipal water supplies, regularly, to the California State Board of Health for examination in order to make certain that the water furnished to the residents is of guaranteed purity. At least 100 California cities are treating their water supplies in order to insure the quality of the water supplied to the people of their respective communities. These are important factors in the reduction of the State's typhoid fever death rate.

We can well be proud of our successful combat against this king of filth diseases but we must also recognize the need for continued efforts in maintaining these remarkable records and in lowering them still further.

Digitized by Google

California has all of the attributes for making it the most healthful state of the Union. Continued effort in the improvement of sanitary conditions, active support of public health measures and willing cooperation upon the part of the general public are all necessary if these high standards are to be maintained permanently.

MORBIDITY.*

Smallpox.

Only 5 cases of smallpox were reported, two from Dunsmuir and one each from Inyo County Shasta County and Livermore.

Typhoid Fever.

Twenty-two cases of typhoid fever were reported, the distribution being as follows: Chico 1, Corning 1, Fresno County 1, Fresno 1, Long Beach 3, Los Angeles 4, Madera 1, Napa County 1, Oakland 1, Riverside 2, Sacramento 1, San Francisco 2, Santa Ana 1, Sonora 1, Whittier 1.

Cerebrospinal Meningitis.

Burbank and San Francisco each reported one case of cerebrospinal meningitis.

Dengue.

Los Angeles reported one case of dengue.

*From reports received to date for last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922 Week ending Sept. 30	1922 Week ending Oct. 7	1922 Week ending Oct. 14	1922 Reports for week ending Oct. 21 received by Oct. 24	1921 Week ending Oct. 1	1921 Week ending Oct. 8	1921 Week ending Oct. 15	1921 Reports for week ending Oct. 22 received by Oct. 26
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	5	0	4	2	0	3	1	2
Chickenpox	27	24	38	37	35	28	40	39
Dengue	0	0	0	1	0	0	0	0
Diphtheria	143	167	171	181	135	214	230	50
Dysentery (Bacillary)	1	1	2	0	3	2	24	14
Epidemic Encephalitis	1	1	2	0	3	8	2	2
Gonorrhoea	103	116	115	132	113	107	69	83
Influenza	14	29	22	16	6	15	25	10
Leprosy	0	0	0	0	0	0	1	0
Malaria	8	13	7	6	6	10	6	9
Measles	6	12	13	17	15	7	11	20
Mumps	25	22	40	28	44	41	51	54
Pneumonia	38	41	51	63	33	38	61	38
Poliomyelitis	2	2	2	0	18	6	6	20
Scarlet Fever	69	97	96	111	65	85	76	112
Smallpox	5	4	7	5	28	60	34	60
Syphilis	110	116	104	112	111	90	88	79
Tuberculosis	141	135	158	126	130	154	199	118
Typhoid Fever	32	23	21	22	30	31	26	22
Whooping Cough	32	30	81	47	34	28	32	45
	762	833	934	906	809	927	983	977

19991 10-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 38 NOVEMBER 4, 1922 GUY P. JONES EDITOR

David Starr Jordan on Vivisection.

The greatest scientific achievement of the last century centers in the discovery that all putrefaction, fermentation and decay in organic substances, as well as all infectious diseases, result from the presence and growth in tissues of minute animals or plants. We are able, through our knowledge of microbes, to fight them and ultimately to exterminate the most dangerous. This is accomplished mainly in four ways.

First, to keep microbes from spreading by segregation of individuals infected, with their destruction in case of lower animals or plants.

Second, by the use of substances as quinine and salvarsan, poisonous to the microbe, but not dangerous to man.

Third, to weaken by vaccination, the introduction of weakened microbes, which will give immunity with little danger, most microbes producing substances which prevent the same species from growing again in the same tissues.

Fourth. to inject directly a serum left by previous microbes, which serves to make the tissues immune against further attacks of the same species.

In developing these remedies, which have already added upwards of ten years to the life of the average person, investigators must be free to experiment with certain of the lower animals. With the use of anaesthetics they seldom produce pain, and no sane man cuts up live animals just for fun.

The attempts to check the advance of preventive and curative medicine, of which "Initiative Measure No. 28" is a sample, arise from bigoted ignorance, like that which used to endanger the lives of men studying anatomy and physiology. All efforts to muzzle science or to check the beneficent action of public health work should be resisted.—DAVID STARR JORDAN.

Doctor to Teacher to Child.

The above title appears on Dr. Haven Emerson's interesting report of the public health course given at the State Teachers' College in San Francisco last summer and which is printed in the health department of The Survey for October 15th, which department is edited by Dr. Emerson. Of the summer session, he says:

"The State Teachers' College of San Francisco is to be credited with the first organized attempt to train the teacher to take her part as a new and powerful recruit for team play with the several other professions now engaged in the project of health development and disease prevention.

In the practice of preventive medicine the physician stands chronologically first and still chiefly provides the information and principles upon which most health education depends; then comes the visiting nurse, not only tending the sick, but instructing the well in the laws of

Digitized by Google

health; the veterinarian, the dentist and the pharmacist, each serving in his special sphere, protecting and teaching; and lastly, the medical social worker, that new indispensable professional colleague of the doctor, and the nurse, whose efforts she brings to a fair completeness. To these we must add the teacher, who already is our first line of defense against defects and diseases of those children of many households where to be up and about is the only test of health.

We hear much of health literature and public health education—terms often used for what is really publicity, propaganda, or advertising and radically different in thoroughness, in intellectual honesty and in final results.

Fundamentally, health can not be taught to all the people all the time. Few are the groups accessible for education in health. The sick can be approached through the feelings of fear and hope—fear of a continuation of invalidism and hope in the promise of health. Wage earners may often be taught the specific hazards of their occupation in the interest of continued self-support. But parents, and more particularly mothers, are always teachable in matters bearing on the safety of their children. Children can be taught anything which appears to them to affect themselves and their playmates, and to them health may be made a present accomplishment and a desirable goal because of the joy they have in it.

Yet here, as so often in preventive medicine, we tend to use the machinery of diagnosis and treatment as if it were as suitable also for prevention and education. The teaching of health and its protection must begin with childhood and be carried out where other subjects are taught, and it should be presented by those who are trained in the approach to children's minds, the school teachers."

Dr. Emerson then reviews the lectures given in the series and concludes with the following:

"Whether or not this experimental course will be followed by a general introduction of courses in health promotion and disease prevention in our teachers' colleges it is certain that administrative measures applied through public or private health agencies cannot be expected to accomplish much further reduction in disease and death until the general popular understanding of the elementary facts of biology and their application in the family and the school are persistently trained into the children by their teachers and their parents, and until the relation of the physician to the family is more that of a doctor—*i. e.*, teacher of health—and less that of a doser or teacher of disease."

Newspaper Teaches Prospective Mothers.

Under the editorship of Dr. Adelaide Brown of San Francisco, member of the California State Board of Health, the San Francisco Call is publishing a series of articles upon the subject of pre-natal care. Some of these articles will be reprinted in this publication in order that they may have a wider circulation among public health workers throughout the state. The first article of the series follows:

Minimum Standards for Pre-natal Care.

This title means "What is the least that all the forces concerned should do to accomplish the best for mother and child?"

Pre-natal care is the supervision and care of the prospective mother by her husband, herself, her nurse and her doctor. These are the four forces concerned and each one has definite functions in guiding to perfect fruition this crowning function of womanhood.

Today our first lesson presents the place in the care of the future mother, of the complete physical examination.

Review Health.

This means a searching review of the health of the individual. The heart, lungs, kidneys, the condition of the digestive organs, teeth, tonsils, thyroid, weight and general nutrition should all be searchingly reviewed. If deemed necessary a blood test could also be made. The history of former illnesses and of nervous tolerance shed light on health and are important in planning a healthful regime for a pregnant mother.

The special examination of the organs is made also at this first health review.

But no emphasis is too great to give to the fact that the future mother should know where she stands in general health, and her husband and her physician will also profit by this careful review of the bodily condition as a whole.

The little baby and the runabout child are stripped and examined weekly or monthly at some sixteen health centers over the city.

Examine Pupils.

The San Francisco school children have physical examinations of a more limited type.

Under the City Board of Health the pre-school child was examined in May in the presence of its mother and many a future absence from school from defective teeth and tonsils remedied by

Digitized by Google

the lessons taught the mother at this drive. These children thus entered school physically fit.

The high school students, both boys and girls, have physical examinations preliminary to physical training or military training.

A young man considers life insurance soon after marriage and is put through a rigorous examination to secure it. So we would urge for the young woman taking on herself the profession of motherhood to know as accurately as possible where she stands physically, for deficiencies in her general health react on her personal experience in maternity and on the health of her baby.—*S. F. Call.*

ANTIVIVISECTION PROPAGANDA BY CAMOUFLAGE.

"In Colorado and California the antivivisectionists have initiated bills to abolish animal experimentation. At the November elections in these states the proposal will be decided by popular vote. Dr. W. R. Hadwen has again come from England to denounce in these western states and elsewhere the use of the experimental method in solving medical problems. As possessor of an M.D. degree, and as a facile speaker, he may lead thoughtless people into believing that the medical profession seriously questions the value of the method. Dr. Hadwen is characterized by antivivisectionists as "a distinguished physician and surgeon of England, whose attainments are of the highest order." Who is Dr. Hadwen, and upon what basis does he presume to speak for the medical profession?

Dr. Hadwen was born in 1854, and he obtained his M.D. degree from St. Andrews in 1897, when he was 43 years of age. He also writes "J. P." after his name—Justice of the Peace. No evidence is forthcoming to indicate in any way that Dr. Hadwen is a "distinguished" physician or surgeon, except that he may be said to be "distinguished" from the rest of the medical profession by the manner in which he allows his medical degrees to be exploited in the interests of an unscientific propaganda, thus lending to his bizarre utterances a weight which they would not otherwise have. Like most faddists he does not confine his efforts to the advocacy of a single fad; he not only is an ardent antivivisectionist, an antivaccinationist and a vegetarian, but also has been the proponent of movements connected with temperance, premature burial, and almost every agitation against modern science and modern medicine. His knowledge may be judged from the following quotations:

"I deny the whole germ theory of disease."

"There is no such thing as a typhoid or diphtheria germ."

"There is not an atom of truth" in the view that germs carry disease.

"I know nothing whatever that has been gained from experimentation on living animals that has been of the slightest benefit in the amelioration or cure of any human disease."

"I am out for the abolition of vivisection entirely, root and branch."

"The boasted work of Pasteur and Lister is all nonsense."

"I have no hesitation in calling him (Pasteur) the greatest charlatan of the last century."

We repeat: Such views as these are sufficient to "distinguish" any man—certainly in holding such views he practically stands alone among doctors of medicine.

The ignorance of the basic facts of medicine revealed by this opinionated gentleman may be appraised by the utterances quoted. It is unfortunate that a man so essentially uninformed on medical science is in a position to exploit his medical status so as to endanger the lives of his fellow men, and even of the dumb creatures which he claims to befriend. The members of the medical profession should make sure that Dr. Hadwen's true position in the medical ranks is generally understood by the public which he has tried to influence, and that his "opinions" are opposed by well-founded facts. We assert that Dr. Hadwen is *not* "a distinguished physician and surgeon"; on the contrary, he stands discredited both in his own country and abroad by those whose scientific opinions and attainments are worth anything."—*Journal of the American Medical Association, October 14, 1922.*

Health and Safety Exposition Coming.

Health and safety officials in the San Francisco bay region are engaged in preparation for the International Health and Safety Exposition to be held in the Oakland Municipal Auditorium November 17th to 26th. All of the larger departments in the San Francisco bay district will be represented and attractive programs in health and safety work will be presented.

Digitized by Google

Superintendents of Mosquito Abatement Districts Meet.

Superintendents of mosquito abatement districts of California met in their annual conference at Redwood City last week. Representatives of Matadero, Three Cities, Anderson, Oroville, Los Molinos, Marin County, Pulgas and other districts were present. Many subjects relating to mosquito control were discussed and resolutions pertaining to desired legislation were passed. It was the consensus of opinion that state assistance should be given to support mosquito control work in heavily infested unorganized territory adjoining districts now operating. Otherwise, effective work in mosquito eradication within the districts is almost nullified. Oroville was selected as the meeting place for the 1923 conference.

Western Food and Drug Officials Coming.

Food and drug and dairy officials of the western states will meet in San Francisco November 14th, 15th and 16th for their annual conference. Membership in the conference consists of federal, state and local officials from the Rocky Mountain and Pacific Coast states.

MORBIDITY.*

Smallpox.

Seven cases of smallpox have been reported, 3 from Inyo County and one each from Oakland, San Francisco, San Jose and Santa Clara County.

Typhoid.

Twenty-nine cases of typhoid have been reported, the cases being distributed as follows: Colusa 2, Daly City 1, Dinuba 1, Eldorado County 1, Glendale 2, Hawthorne 1, Kings County 1, Long Beach 2, Los Angeles County 1, Los Angeles 4, Madera 1, Oakland 1, Orange County 1, Sacramento 1, San Bernardino 1, San Francisco 3, San Joaquin County 1, Santa Ana 1, Santa Clara County 1, Tulare County 1, Ventura County 1.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

Encephalitis.

Two cases of encephalitis were reported, one from Los Angeles and one from Kings County.

Typhus Fever.

Los Angeles reported two cases of typhus fever.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Oct. 28 received by Oct. 31	Week ending			Reports for week ending Oct. 29 received by Nov. 2
	Oct. 7	Oct. 14	Oct. 21		Oct. 8	Oct. 15	Oct. 22	
Anthrax	0	0	0	0	0	1	0	1
Cerebrospinal Meningitis	0	4	2	1	3	1	2	3
Chickenpox	24	38	52	39	28	40	45	27
Diphtheria	167	171	220	196	214	230	265	315
Dysentery (Bacillary)	1	2	0	0	2	24	15	4
Epidemic Encephalitis	1	2	0	2	8	2	5	7
Gonorrhoea	116	115	136	105	107	69	87	95
Influenza	29	22	18	13	15	25	15	14
Leprosy	0	0	0	0	0	1	0	0
Malaria	13	7	7	2	10	6	9	2
Measles	12	13	22	11	7	11	20	21
Mumps	22	40	30	17	41	51	55	71
Pneumonia	41	51	59	36	38	61	54	34
Poliomyelitis	2	2	1	0	6	6	19	21
Scarlet Fever	97	96	129	123	85	76	117	100
Smallpox	4	6	5	7	60	34	64	76
Syphilis	116	104	117	86	90	88	83	59
Tuberculosis	135	158	136	101	154	199	128	106
Typhoid Fever	23	20	29	29	31	26	24	29
Whooping Cough	30	81	50	23	28	32	48	55
Totals	833	934	1,013	791	927	983	1,055	1,040

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 39 NOVEMBER 11, 1922 GUY P. JONES EDITOR

NEWSPAPER TEACHES CHILD HYGIENE.

Under the editorship of Dr. Adelaide Brown of San Francisco, member of the California State Board of Health, the San Francisco Call is publishing a series of articles upon the subject of pre-natal care. Some of these articles will be reprinted in this publication in order that they may have a wider circulation among public health workers throughout the state. The first article of the series follows:

The Doctor's Part in Pre-natal Care.

The prospective mother learned in the first lesson that her general health was of prime importance and that the general physical examination would inaugurate her pre-natal care. This means to go to your physician early.

All variations from health should be brought to the doctor's notice. Nothing should be "expected," but each unusual occurrence reported. There are special matters to be observed to make a wholesome balance of diet, rest, recreation, and exercise, which will be outlined for you.

The observation of your blood pressure every two weeks, and its record, is the most delicate test of your bodily welfare under its new conditions. It indicates the possibility of trouble before chemical tests or abnormal symptoms of headache, dimness of vision, swollen feet, are observed by you.

Your weight will be recorded regularly also, an undue increase being incompatible with good health, and easily controlled by diet and exercise.

Accurate measurements of the bony framework will be made and the prognosis for a successful termination made.

The visit every two weeks to your physician should be continuous and chemical examinations are made regularly by him, as well as the blood pressure, weight, measurements and special health guidance given you.

This outline of the doctor's part in pre-natal care presents the minimum care of a normal case and such care should be given every prospective mother (whether it is a first or later baby that is expected). It is not our purpose to discuss abnormal conditions but to emphasize the health protection of pre-natal care to the mother of the child.

California a Paradise for Babies.

California has almost the lowest infant mortality rate of any state in the Union. The other Pacific Coast states of Washington and Oregon are the only states having lower infant mortality rates than California. California cities, together with the cities of the other Pacific Coast states, have absolutely the lowest infant mortality rates for all cities of the United States.

If it were possible to transport to the Pacific Coast, during their first year of life, all babies and their mothers residing in other states, the lives of hundreds of thousands of American children might be saved. If all children born in the United States could first see life in California, their chances of growing into adult life would be vastly greater than they

Digitized by Google

would be by selecting any other section of the country within which to be born.

For three consecutive years San Francisco has had the lowest infant mortality rate for any city of its size. Oakland, during the same period of time, has had the lowest infant mortality rate of any city among all cities having populations of 100,000 to 250,000. Long Beach, Berkeley, and San Diego have had the lowest infant mortality rates during these three years of all cities having populations of 50,000 to 100,000. Pasadena, during these three years, has had the lowest rate among the cities having populations of 25,000 to 50,000; and among cities having populations of 10,000 to 25,000, Santa Cruz and Richmond have had the lowest rates.

Not Climate Alone.

There are a number of factors that have brought about these remarkable results. Of first importance is the absence of the severe intestinal diseases of infancy which exact such high tolls during the summer months in eastern states and cities which do not possess the advantages of our climate. The absence of extremes in temperature and humidity constitute a large factor in the making of these low rates. Our improved social conditions; the absence of overcrowding; the ready availability of pure milk supply; the comparative scarcity of the first generation of the foreign-born, and the higher education of our people which results from this fact—our social conscience—each and all, are prime factors in the remarkable saving of infant lives in California.

Our highest infant mortality rates are found among the foreign-born. Mexicans, and other foreigners, whose children are born in ignorance, and who consequently are not given the proper care, contribute largely to making high infant mortality rates in a number of California communities. In rural districts, where proper care is often impossible under present conditions, infant mortality rates are likewise high. In reducing infant mortality, the cities where adequate machinery for maternal and child welfare is provided, reduce number of deaths much more than do those communities where no such service is provided. The newly launched activities in maternal and child welfare, however, should contribute greatly to improving conditions in rural communities. Local conditions are not likely to improve of their own accord. Therefore, the State Board of Health is encouraging the strengthening of rural health departments in order that every infant life possible may be saved to the community. To this end, the State Board of Health, through its Bureau of Child Hygiene, is providing expert assistance in the form of demonstrations in prenatal care, in nutrition and feeding, and all of the many attributes that have to do with child welfare.

California Has Advantages.

New Zealand has the lowest infant mortality rate of all countries in the world, and the New Zealand rate is achieved in spite of many handicaps which are not found in California. Our advantages in climate and in improved social conditions make it possible for us to make this state a veritable paradise for babies. The results depend altogether upon how effectively we take advantage of natural conditions, and how effectively we organize and maintain our local institutions for the promotion of maternal and child welfare. Wherever, in California, infant mortality rates are low, it is the result of applied energy upon the part of local health organizations, hospitals, and improved medical service. By extending this service to all sections of the state, it is possible for California to have the lowest infant mortality rate of any state, and it is also possible for California to have a rate even lower than that of New Zealand.

"If you want a good brain educate your great-great-grandfather." That's an old saying. The modern saying is if you want the children of the nation to have good teeth, see that the mothers are properly fed.

An army travels on its stomach, according to Napoleon. An individual travels on his teeth. Without them no good health. Without good health, no accomplishment.

Without well and intelligently fed mothers no good teeth for the children. That ought to interest the Government as much as the proper ration for a lady swine in the gestation period.

But it doesn't. And if you suggest that Government in this generation should protect mothers, for the sake of generations unborn, you hear howls from a grand assortment of fools.—Arthur Brisbane.

Barnum was right! and through the gullibility of that portion of our population who are prone to turn with longing ears to the siren like "cure" tunes of the practiced quack and experienced fake, these same fakers are being enriched, it is estimated, over $15,000,000.00 annually. But it is not only the fool who is "roped in," so to speak, by the wily "cure" dispensor. Thousands of

Digitized by Google

erstwhile intelligent people while in the throes of some disease, in a despairing moment will give heed to the suave and cajoling persuasion of the smooth mountebank. Only by the sheerest of luck, and in ninety-nine cases out of a hundred the patient, if any recovery is made, becomes well in spite of and not because of the so-called "cure." It is not the quack with the glib tongue or the advertisement writer with the facile pen, but the local family physician who should be consulted. Consult your family physician when you need medical attention, have faith in his ability and follow his advice and instructions. Take no chances!

A healthy body is as important, in the general economy, as a healthy mind. The one who is developed symmetrically in body, mind and soul, is truly well educated.

Diet Suggestions for Prospective Mothers.

In California a perfect diet is limited neither by purse nor by market. The general health is best sustained by a *balanced* diet.

The three great divisions of foodstuffs are:

First—Carbohydrates and fats.

Second—Bulk and vitamin-bearing foods.

Third—The proteids.

If you will take a piece of paper and write down your family diet under these three heads for three days you will have an idea whether you balance the food for your family well. In general, during the pre-natal period, the proteids should be eaten once a day in the seventh month and in any diet should not appear more than twice a day. These include eggs, meat, fish and fowl.

Then *carbohydrates*, which bread, rice, macaroni, potatoes, sugar, candy and syrups represent should be present in every meal; but if the bodily weight increases over one pound per week during the last twelve weeks carbohydrates should be *more sparingly eaten*. Fats, salad oil, butter or meat fats are to be taken in each meal, the amount reduced if the gain in weight is too rapid.

The *vitamin-bearing foods* and at the same time *bulk foods*, furnishing the "roughage" necessary to good elimination, are green vegetables and fruits. Ideally, they should be a part of every meal. In San Francisco, their price is not prohibitive, and as dried fruits and canned tomatoes are equally valuable and always obtainable, they can be a part of the daily diet. Spinach, celery, artichokes, cauliflower, asparagus, tomatoes, lettuce, cabbage, peas and beans are the green vegetables.

In *milk* we have the one food which falls in each column—4 per cent fat, 5 per cent sugar and 3 per cent proteid, and carries both fat and water soluble vitamines. It furnishes the ideal food, and in milk soup, milk on cereal, milk in cocoa, or milk to drink, it should be a part of the diet of each future mother.

You will find "Feeding the Family," by Mary Schwartz Rose, very good reading, and children will be better nourished and *fathers live longer* when less meat and more vegetables and meat substitutes are eaten in American families. You have time to study up now and try new recipes and new menus, representing always a balanced ration of the three types of food and all that you *learn for yourself* will be valuable for your family.

Water is an indispensable adjunct to food and more women drink too little than too much. Three pints of water a day and a pint of milk will give you proper fluid. Tea or coffee may be taken once a day if you must have a warm drink for breakfast. They never should be taken more often and never strong.

A diet rich in fruit, vegetables and coarse breads, made of the darker flours, and cereals, will regulate elimination and make for good health for mother and child.—*San Francisco Call.*

Controlling Typhoid in Imperial.

The Imperial valley has been placarded by the California State Board of Health with posters printed in English and Spanish, which read as follows:

WARNING.

Commit No Nuisance.

Dump no garbage, manure or dead animals into any dry or running canal.

Never drink canal water unless clarified by stone filters or boiled or otherwise disinfected. Settled canal water is not safe.

California State Board of Health.

Typhoid fever has been unduly prevalent in Imperial County for many years, and it is believed that if the warning given in this poster is heeded considerable progress in the control of the disease will result. Water is a scarce commodity in the valley, and ditch water, untreated, is used too often as a source of domestic supply. To be sure, there are many other factors that enter into the typhoid problem in the valley, but it is believed that if progress can be made in the prevention of the pollution of water supplies throughout the valley a considerably lower typhoid rate will result.

Digitized by Google

Federal Official on Tour.

Mr. W. S. Frisbee of the Department of Chemistry, Bureau of Agriculture, is visiting all of the states maintaining food and drug departments in order to stimulate cooperation in food and drug control between federal and state agencies. While in California he discussed with the State Board of Health a number of food and drug problems that are peculiar to California and in which the Department of Agriculture is deeply interested.

A REAL BENEFACTOR.

The man who, with the adroit slap, destroys a mosquito on the back of his hand, does more good for posterity than the man who kills a four-prong buck back in the hills.—Colusa Sun.

IT IS IN THE POWER OF MAN TO MAKE ALL INFECTIOUS DISEASES TO DISAPPEAR FROM THE WORLD—PASTEUR.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

MORBIDITY.*

Smallpox.

Ten cases of smallpox were reported, the distribution being as follows: Calaveras County 1, Newport Beach 1, Oakland 5, San Francisco 2, San Jose 1.

Typhoid Fever.

Fourteen cases of typhoid fever have been reported, Los Angeles reporting 4 cases and San Francisco 2. The following localities each reported one case: Lindsay, Los Angeles County, Monterey County, Placerville, Sacramento, San Jose, Santa Barbara, and Tuolumne County.

Dengue.

Torrance, Los Angeles County, reported one case of dengue.

Cerebrospinal Meningitis.

Two cases of cerebrospinal meningitis have been reported, one from Orange County and one from Palo Alto.

Poliomyelitis.

Two cases of poliomyelitis have been reported, one from Fresno County and one from Los Angeles.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Nov. 4 received by Nov. 8	Week ending			Reports for week ending Nov. 5 received by Nov. 9
	Oct. 14	Oct. 21	Oct. 28		Oct. 15	Oct. 22	Oct. 29	
Anthrax	0	0	0	0	1	0	1	0
Cerebrospinal Meningitis	4	2	1	2	1	2	3	3
Chickenpox	38	52	50	65	40	45	41	69
Dengue	0	1	0	1	0	0	0	0
Diphtheria	171	220	227	240	230	265	337	395
Dysentery (Bacillary)	2	0	3	3	24	15	4	1
Epidemic Encephalitis	2	0	3	1	2	5	8	3
Gonorrhoea	115	136	125	222	69	87	97	95
Influenza	22	18	16	31	25	15	14	10
Leprosy	0	0	0	0	1	0	0	0
Malaria	7	7	3	8	6	9	2	7
Measles	13	22	17	10	11	20	23	14
Mumps	40	30	24	27	51	55	76	66
Pneumonia	51	59	56	81	61	54	34	56
Poliomyelitis	2	1	0	2	6	19	26	12
Scarlet Fever	96	129	155	157	76	117	107	160
Smallpox	6	5	8	10	34	64	79	56
Syphilis	104	117	92	206	88	83	63	89
Tuberculosis	158	136	144	133	199	128	104	145
Typhoid Fever	20	29	33	14	26	24	31	15
Whooping Cough	81	50	36	37	32	48	57	43

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 40 NOVEMBER 18, 1922 GUY P. JONES EDITOR

This Is Cancer Week.

In a recent issue of the WEEKLY BULLETIN it was shown that the cancer mortality rate has increased from 76.3 per hundred thousand population in 1906 to 112.1 per hundred thousand population in 1921. No less than 4025 Californians died of cancer last year. The chief factor in the reduction of this high death rate lies in the education of the public as to the seriousness of the disease and also regarding the necessity of securing expert medical advice as soon as there may be any suspicion that unfavorable symptoms exist. Cancer week is to be conducted throughout the United States and Canada this week, and public health nurses and health officers are urged to assist in the campaign of education. If the general public learns that cancer in its early stages is a curable disease, great progress in cancer control can be made.

Rabies Regulations Amended.

The regulations for the control of rabies were amended by the California State Board of Health at its regular meeting held November 4th. Under this resolution any dog known to have been bitten by a rabid dog, unless previously immunized within a period of six months, shall be either destroyed or quarantined for a period of three months. The text of the resolution reads as follows:

Resolved, That any dog known to have been bitten by a rabid dog, unless previously immunized within a period of six months, according to Rule 7a of the Regulations of the State Board of Health for the Enforcement of an Act to Prevent the Introduction and Spread of Rabies, shall either be destroyed or quarantined for a period of three months.

Venereal Disease Regulations Amended.

Health officers are advised of the amendments to the Regulations for the Prevention of Syphilis and Gonococcus Infections, adopted by the California State Board of Health at its meeting held November 4, 1922. Rule 5, paragraph 2, of the regulations is amended to read as follows:

In such investigations said health officers are hereby vested with full powers of inspection, examination, isolation and disinfection of all persons, places and things, and as such inspectors said local health officers are hereby directed:

Subdivision (b) of said Rule 5 is amended to read as follows:

(b) To isolate such persons whenever in the opinion of the said local health officer, the State Board of Health, or its secretary, isolation is necessary to protect the public health. In establishing isolation the health officer shall define the limits in which the person reasonably suspected or known to have syphilis or gonococcus infections and his immediate attendant are to be isolated, and no persons, other than the attending physicians, shall enter or leave the area of isolation without the permission of the health officer.

County Quarantined for Rabies.

At the request of the health officers of Orange County a quarantine against dogs, under the meaning of the Act to Prevent the Introduction and Spread of Rabies, was established by the California State Board of Health at its regular

Digitized by Google

meeting, November 4th. This means that all dogs within the county must be kept under leash, in closed cage or paddock, during the period that the quarantine is in force. The establishment of the quarantine was necessary because of the prevalence of rabies in Orange County and vicinity. Through the proper enforcement of the quarantine it is believed that the disease may soon be brought under control.

Safeguarding Children Against Disease Adds Years to Life.

If the four diseases that are so common in children—diphtheria, measles, scarlet fever and whooping cough—could be entirely suppressed, it is safe to say that the average length of life would be increased by at least ten years. These four diseases are probably responsible for most of the after-effects that produce serious results in adult life. There were 31,954 cases of these diseases reported in California last year, causing the death of 1081 children. There were 14,131 cases of measles, with 129 deaths; 9448 cases of diphtheria, with 644 deaths; 5570 cases of scarlet fever, with 117 deaths; and 2805 cases of whooping cough, with 191 deaths. The number of cases that actually occurred, however, is without doubt twice as great. This means that in future years approximately 65,000 adults will be physically handicapped as a result of suffering from one of these four diseases last year.

Research workers have shown that the after-results of the communicable diseases of childhood constitute an important public health problem. Injuries inflicted by the communicable diseases of childhood on the kidneys, the nervous system, the circulatory and the pulmonary systems are usually permanent. In comparison with the large number of handicapped adults that these four diseases produce, the number of deaths caused by them each year is relatively insignificant. The real cause of death for many adults who die of heart, kidney or pulmonary diseases may be found in the contraction of one of these four diseases during infancy.

One of the most important phases of public health work in California lies in the prevention of diphtheria, scarlet fever, measles and whooping cough. California children should be safeguarded against these diseases just as zealously as they should be safeguarded against leprosy, smallpox, or any other communicable disease, for it is certain that the so-called "minor" communicable diseases may produce more serious after-results than do the more spectacular diseases that strike terror to the average mother's heart.

The California State Board of Health, together with many health officers throughout the state, are engaged in an active campaign for the control of all communicable diseases common to children, and it is believed that as a result of this campaign the year 1922 will show considerable reductions in their prevalence and in the number of fatalities due to these diseases. If ten years can be added to the life of an individual by safeguarding him against these diseases, it is surely worth the expenditure of work, time and money in unlimited quantities.

Hygiene Defined.

The Journal of the American Public Health Association, in its November issue, advises that technical words quickly popularized ought to be guarded with special care lest they get out of bounds and become perverted or extended beyond their original and legitimate meaning. The words vitamin, serum, vaccinate and preventive medicine are used as illustrations of the sort of words that often run wild. The Journal refers to the late Professor Wm. T. Sedgwick's definition of the word hygiene, "the whole science and art of the conservation and promotion of health, both in individuals and in communities," and states that we need such an inclusive word in our vocabulary. Hygiene may then be used with the qualifying adjectives "personal" or "public," according to its sphere and scope. The definitions as given in the following paragraph from the Journal are very clear and exact. If all individuals engaged in public health work were to use these terms as defined there would be much less confusion.

"Public hygiene has three main subdivisions: (1) Sanitation, which embodies all the laws and practices which promote the health of groups of people or communities by modifying or controlling the surroundings. (2) Preventive medicine, which deals exclusively with medical practices that distinctly tend to conserve the health of groups of people. (3) Demography, which furnishes the numerical data relating to all the vital phenomena of populations. It also comprehends epidemiology, which attempts to interpret and apply such data."

Digitized by Google

FOURTH PRENATAL TALK.

CARE OF SKIN, TEETH AND HAIR.

LEILA TRIMMER, M.D.

Care of the skin and teeth is of prime importance in the effort to approach the 100 per cent standard of health. Normally, the skin throws off one pint of water daily, containing bodily waste products, and in this way assisting the organs of elimination.

By cleansing the skin by means of warm baths two or three times a week the skin is kept working. These baths should never be hot. They should be slightly warmer than the skin and taken before retiring, to prevent chilling, which is dangerous when the bodily chemistry is at all disturbed or overtaxed.

Daily, a cool sponge or quick bath is stimulating to the skin. The main object is to wet the entire surface so that it may be briskly rubbed by a rough towel. If a cool plunge is habitual, it may be continued if there is good reaction and no shock. Alcohol rubs do not further the skin elimination; rather seem to check it.

It is estimated that 2/10 grams of calcium oxide, in the last two months 6/10 grams, are daily supplied for the child's bony parts. If the maternal chemical balance is such that this is not easily supplied, the teeth become decalci fied and cavities enlarge rapidly. One of the early symptoms of indigestion is an increase in the secretions in the mouth and stomach. If neglected, acid eructations from the stomach help to increase the decay of the teeth. The use of milk of magnesia or lime water, or, if the gums are inflamed, an alkaline antiseptic is necessary. Early visits to the dentist for dental repairs of beginning cavities and special care of inflamed gums by the dentist should not be neglected.

The hair increases in growth in the prenatal period, owing to increased skin activity. It usually drops out somewhat at the completion of the period. Therefore, massage and stimulating lotions are in order during the last months, when the skin activity is lessened.

Again we are emphasizing what the prospective mother must do for herself to conserve and improve her health at this important time of her life.—*San Francisco Call.*

Making California Clean Is Good Business.

California's tourist crop is by no means its main crop, but it is a fact that tourists by the thousands flock to this State every year to enjoy California's marvelous natural resources. Making California clean for these guests and keeping it clean during their sojourns has come to be one of the most important pieces of public health work undertaken in this State. The sanitation of cities, and of country districts as well, is necessary in order to safeguard the health of tourists and home folks, too. The phenomenal growth of automobile touring has led to a wonderful increase in camping. Nearly every city in California now maintains a municipal automobile camp. Two or three years ago there were only half a dozen such institutions in the State. Today, in addition to the municipal places, hundreds of private automobile camps are in operation. All of these serve useful public health purposes, since they encourage the concentration of campers in fixed locations, thereby doing away with promiscuous camping along streams, which constitutes a real health menace. To maintain a high standard of sanitation and to supply expert advice relative to sanitary equipment and maintenance is the chief aim of the California State Board of Health with relation to the conduct of these camps, both municipal and private.

Tourists who leave dirty camps, litter up the highways and disfigure the communities through which they travel are not welcome, and whenever health officers encounter such individuals they take steps immediately to impress upon them that the playgrounds of California must be kept clean in order that they may be enjoyed at all times by everyone.

Californians are proud of their State, not only because of its vast natural resources, but they are also proud of their cities. Most of these municipalities are endeavoring to maintain a high state of sanitation. More attention than ever before is now being paid to adequate waste disposal; the elimination of rats, flies and mosquitoes; the abatement of common nuisances; the protection of foodstuffs against dust, dirt and insects; and the provision of pure milk and water supplies. These are all common factors in making California cities better places within which to live, and these factors are of great importance in helping tourists from other states to arrive at decisions in finding locations for settling permanently. It is a conspicuous fact

Digitized by Google

that such persons are selecting the cleanest towns within which to take up their permanent residences.

In the rural districts machinery for promotion of sanitation is, of necessity, more limited. Health officers in the rural districts are accomplishing considerable along these lines with the small appropriations available. There should be more work of this nature provided in the country districts.

The promotion of local sanitation is a factor in keeping people well and its value also shows itself from the standpoint of dollars and cents. No community can afford to keep house in slovenly fashion, and those communities that would be "healthy, wealthy and wise" are not engaging in intermittent clean-up campaigns but are engaged in promoting community sanitation in a regular and routine manner. Making California clean and keeping California clean is real business, and is worthy the expenditure of time, effort and money.

IT IS IN THE POWER OF MAN TO MAKE ALL INFECTIOUS DISEASES TO DISAPPEAR FROM THE WORLD—PASTEUR.

MORBIDITY.*

Smallpox.

Eight cases of smallpox were reported, three being from Dunsmuir and one each from Hayward, Mendocino County, Pasadena, Shasta County and Sutter County.

Typhoid.

Seventeen cases of typhoid fever were reported, the distribution being as follows: Colusa County 2, Elsinore 1, Oakland 1, Redding 1, San Francisco 5, San Joaquin County 3, Santa Cruz 1, Siskiyou County 1, Stanislaus County 1, Whittier 1.

Cerebrospinal Meningitis.

Fresno and Oakland each reported one case of cerebrospinal meningitis.

*From reports received to date for last week.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Nov. 11 received by Nov. 14	Week ending			Reports for week ending Nov. 12 received by Nov. 16
	Oct. 21	Oct. 28	Nov. 4		Oct. 22	Oct. 29	Nov. 5	
Anthrax	0	0	0	0	0	1	0	0
Cerebrospinal Meningitis	2	1	2	2	2	3	3	4
Chickenpox	52	50	67	53	45	411	77	57
Diphtheria	220	227	250	134	265	337	398	427
Dysentery (Bacillary)	0	3	3	1	15	4	1	7
Epidemic Encephalitis	0	3	1	0	5	8	3	3
Gonorrhoea	136	125	229	52	87	97	95	102
Influenza	18	16	31	12	15	14	10	12
Leprosy	0	0	0	0	0	0	0	0
Malaria	7	3	8	6	9	2	7	10
Measles	22	17	10	19	20	23	14	16
Mumps	30	24	21	17	55	76	69	73
Pneumonia	59	56	84	28	54	34	58	45
Poliomyelitis	1	0	2	0	19	26	12	17
Scarlet Fever	129	155	164	126	117	107	165	156
Smallpox	5	8	11	8	64	79	54	40
Syphilis	117	92	211	32	83	63	90	108
Tuberculosis	136	144	146	31	128	104	146	104
Typhoid Fever	29	33	17	17	24	31	16	16
Whooping Cough	50	36	37	58	48	57	44	19
Totals	1,013	993	1,294	596	1,055	1,107	1,262	1,216

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 41 NOVEMBER 25, 1922 GUY P. JONES EDITOR

Pioneering in Public Health.

Dr. N. K. Foster of Oakland, who served as secretary of the State Board of Health for many years, retiring in 1909, gave some interesting reminiscences of state health work at the annual conference of California health officers, held in Palo Alto last September. Dr. Foster's remarks are published in full in this issue of the bulletin and it is believed that at this time they are worth the perusal of all individuals in the state who may be interested in public health activities. It was under Dr. Foster's administration that the modern foundation of the California State Board of Health was laid. It is he who inaugurated the establishment of the State Hygienic Laboratory, the Bureau of Foods and Drugs and many other important activities of the Board. It was during Dr. Foster's term that plague flared up in California. During the troublous times that followed, Dr. Foster maintained his calm judgment and his policies proved right. California owes a great deal to Dr. Foster. He may truly be called a pioneer in the promotion of California's public health.

A Bouquet From London.

In its issue of October 7th The Medical Officer, official journal for medical men in the government and municipal services of Great Britain, has the following to say of our Weekly Bulletin.

"Early this year the California State Board of Health commenced publication of a weekly bulletin in order to distribute quickly and more extensively current information concerning the prevalence of communicable diseases, and in order to give public health workers closer cooperation in the control of outbreaks of these diseases. The Board also issues a quarterly bulletin which contains full statistical data and complete summaries and reports of the Board's wide variety of activities. The new weekly provides in very interesting form full information regarding the current prevalence of communicable diseases throughout the state and general public health news as well. In this way the Board hopes to keep in closer touch with public health workers throughout the state and we have no doubt, judging by the issues we have already seen, that the bulletin will be read with interest in health departments far beyond California."

IN RETROSPECT.*

By N. K. FOSTER, M.D., Oakland.

I have been asked to give an account, for record purposes, of the formation of the California Public Health Association.

Such an account to be of any historical value, must deal authentically with the conditions, events and incidents that led up to and made desirable and necessary the formation of such an association. If I were limited to one word in stating the

*Read at the Stanford University Session of the League of California Municipalities, September 19 to 23, 1922.

Digitized by Google

necessity, I should, without hesitation, say "Plague," for in many ways the breaking out of that disease focused attention on our lax health organization and made imperative a radical improvement, or have California cut off by quarantine from communication with other states.

Plague was first recognized in San Francisco in March, 1900, and of course caused a great deal of comment. Many strongly believed that it did not and could not exist. The State Board of Health, however, admitted its existence. Many leading newspapers and public men thought otherwise and believed that even it if did exist any publicity would hurt the state. They strenuously denied its existence and the State Board of Health was induced to, or did, reverse itself and also declared the disease was not plague. This aroused the ire of the eastern health officers, and exaggerated stories were published there of its ravages—people were dropping dead on the streets, it was said. They were so wrought up that the health authorities of twenty-one states requested Surgeon-General Walter Wyman to call a conference of the State Boards of Health with the United States Public Health and Marine Hospital Service, for the purpose of dealing with the situation. The conference was called and met in January, 1903. California was represented by Dr. Mathew Gardner, a member of our State Board of Health. He was given a very unhappy half-hour by the thoroughly angered and possibly frightened health officers—and a quarantine resolution against California was introduced. Through the influence of General Wyman, it was left as unfinished business for a conference to be called later.

Meanwhile, "things were doing" in California. During the years 1900-1-2-3 there had been 110 cases of plague, authenticated with 105 deaths, and some people were beginning to be alarmed.

At the general election, Dr. Geo. C. Pardee was elected Governor, and at once interested himself in the situation. The California State Board of Health was organized by the Governor nominating the members, and the Senate ratifying the nominations. Governor Gage had nominated the Board that denied the existence of plague, but the Senate had neglected to ratify—so they were acting only at the pleasure of the Governor. Governor Pardee, feeling deeply the gravity of the situation—with a quarantine hanging over us—withdrew the nominations and appointed a new Board, with the exception of Dr. Mathew Gardner. He, however, died in two weeks, and we were deprived of his splendid ability. This was in February or March, 1903. On April 1st, the new Board met with the old, and after the old had closed up their business, the new one organized and I had the honor to be elected secretary and executive officer.

After adjournment, I called on my predecessor, who had his desk in the office of the State Lunacy Commission, and asked for the property of the Board. With a quizzical look, he said: "Property of the Board? It has no property. That desk is mine and every scrap of paper in it." He did, however, give me a bunch of letterheads, and pointing to the bay window, said: "Those old reports of other State Boards are at your disposal." He sat between his desk and the steel safe, made famous by the sarcastic remarks of Carrie Nation, as she "hatcheted" her way through the state, and said: "Sit down, and I'll give you some advice." I was receptive, thinking to get some pointers on the work. Instead: "You have a good practice—stay with it, have some one open your mail and attend to it—come once a month and draw your pay and show yourself, and let me show you how to make out your expense account for the trip." He proceeded to put down items, some of which I had, some not—"Dinner, $5.00," and everything in proportion. I said, "but, Doctor, it didn't cost that much." "Oh! that doesn't matter, you have $1500 a year to spend on the expenses of the Board, and you have to get rid of it. You might as well have it as anybody." Not a bright outlook, and I went to my room in none too happy a mood. No desk, no chair, and no place to put them if I had them.

Next morning I interviewed Mr. Mellich, Secretary of the State Board of Examiners. He had large offices, but personally, he was using, during the interim of the legislative session, the Lieutenant Governor's room. He kindly let me have desk room there, also. The janitor rustled me a desk and chair, and I turned to that pile of old State reports. With them I found many unopened letters, and this gave me a start to work. Some were months old, and some had in them stamps to insure a reply. I didn't blame one doctor, who was acting as best he could as Health Officer in his village, for using some pretty powerful language. He said "this is the third time I have written, and have no reply, and by G— it is the last." I replied that a new deal was ordered, and that in future,

Digitized by Google

he would get some sort of reply by return mail.

Do you blame me for feeling "lonely and blue"? I had given up my practice and broken up my home, believing I was to fill, or try to fill, an office of honor—and I found nothing but disgrace abroad, and contempt at home, and right there the seed of this Association was planted.

The need of work, and organized work, was forced on me in those hours of discouragement. I saw the futility of my working without the aid and cooperation of others throughout the state. An account of the June 3d Plague Conference in Washington, where we fought it out—and instead of a quarantine, got a resolution of confidence—has no place here.

It was a busy spring and summer I spent, trying to arouse interest in public health matters. I attended all the medical societies I could, visited the different health officers, and answered all calls for help in person. I met with willingness everywhere but a good deal of incredulity that the State Board of Health was anything but a sinecure, and seemed to me they all came from Missouri and had to be shown. Very well, I determined to show them.

From the nature of things, the executive officer of the Board at that time, had most of the work to do. There were no assistants, not even a stenographer; but never was such officer backed up by a better Board. Throughout the six years we were together there was never a jar in the organization, and they always stood behind me. The Governor, also, was always ready to help to the limit. Things began to move, but the need of organization was always felt. There were no laws, and it was every one for himself. In July, I began writing to different health officers and doctors to ask their views of an association. The response was favorable, and we called the first meeting for September 8, 1903, at San Francisco. The attendance was good, and the name: "State, County and Municipal Sanitary Conference of California," was chosen. The next meeting was held in Paso Robles, April 18, 1904. I have no record of the program, but quote the following from a report to the Governor: "The objects of the conference are to discuss questions relating to public health, to exchange ideas in regard thereto, and to establish through the state a concord of action so that there can be some uniformity in the work. In other words, to bring organization out of chaos." At both meetings excellent papers were read and discussed, and there was awakened a general interest which is already bearing fruit.

I have no record of the third and fourth meetings. They were all kept and left in the health office at Sacramento, when I left the office, in July, 1909.

With the beginning of the publication of the Monthly Bulletin by the State Board of Health in June, 1905, the program and accounts of meetings were duly published, and is therefore a matter of record.

When the name was changed to the "California Public Health Association," I can not say, but it must have been at the third or fourth meeting, for the fifth was called under that name.

The merging of the association with the League of Municipalities is modern history, and as my field is ancient, it is outside my province. In our need for help and desire to get organization, we formed health officers' associations in central, northern and southern California, and had several very interesting sessions. Of their fate I know nothing, but probably, as this association increased in strength, it absorbed the others; and I mention them only to show the need I felt for such help. The need was urgent and I received a full measure of support and help, and shall always hold this association in grateful remembrance. If my efforts accomplished anything in the health work of the state, it was because of the loyal aid and support I received from the association and its members—a help I am only too glad of this opportunity to acknowledge. The friendships I made have been among the pleasantest of my life, and I look back on the first days of my official life as perhaps a necessary trial to lead up to better things.

In no field of effort is there so much promise and opportunity as in conserving the public health.—Secretary of State, Charles Evan Hughes.

We must throw around the home and life of our people an enlightened world's knowledge of preventive medicine, and make ceaseless war upon sickness, suffering and death in this state. Our great department of health must be generously nourished and equipped for this humane service. Disease can not be successfully prevented by individual effort alone. Modern statesmanship demands that every practical effort shall be made through organized health boards and expert officers to protect the health of the people.—Governor Morrison of North Carolina.

Digitized by Google

MORBIDITY.*

Smallpox.

Nine cases of smallpox were reported from the following localities: Hanford 1, Los Angeles County 1, Oakland 2, Sacramento 1, San Jose 1, Shasta County 3.

Typhoid.

Only twelve cases of typhoid were reported, the distribution being as follows: Dinuba 1, Fresno County 1, Oakland 1, Placer County 1, Redding 1, San Bernardino 1, San Francisco 2, San Joaquin County 1, Shasta County 3.

Cerebrospinal Meningitis.

Oakland and Orange County each reported one case of cerebrospinal meningitis.

*From reports received to date for last week.

"Sickness causes loss of time, great expense, much suffering, and, frequently, death. When the misery and distress produced by it are taken into account, the importance of its prevention can not be over-estimated. It may often be easily avoided by simple means. Scurvy, which was once the scourge of the seas, now rarely occurs on vessels. This is due to the addition of fresh fruits, vegetables, or lime juice to the seaman's ration. Necrosis of the jaw, or phossy jaw, which was formerly so common among workmen in match factories, is now prevented by the use of red phosphorus instead of white phosphorus in this industry. Yellow fever has been stamped out of many places by killing the mosquitoes which convey the disease.

"To protect ourselves against disease, it is necessary to know what agencies are harmful to the human body and what measures should be taken to protect the body from them. It has been ascertained, for instance, that in order to keep well, the temperature and humidity of the air in buildings must be regulated; sewage must be disposed of in such a manner as not to contaminate the water supply or pollute the soil; the body must be protected from the bites of insects which spread disease; and precautions must be taken to prevent the transmission of disease from one person to another. It will thus be readily seen that freedom from disease depends upon conditions intimately associated with the body and its environment."—United States Public Health Service.

COMMUNICABLE DISEASE REPORTS.

Diseases	1922				1921			
	Week ending			Reports for week ending Nov. 18 received by Nov. 21	Week ending			Reports for week ending Nov. 19 received by Nov. 23
	Oct. 28	Nov. 4	Nov. 11		Oct. 29	Nov. 5	Nov. 12	
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal Meningitis	1	1	3	2	3	3	4	3
Chickenpox	50	67	76	76	41	77	57	111
Diphtheria	227	250	234	176	337	398	447	340
Dysentery (Bacillary)	2	3	2	0	4	1	7	2
Epidemic Encephalitis	3	1	0	0	8	3	3	1
Gonorrhoea	125	229	92	63	97	95	107	155
Influenza	16	31	32	19	14	10	13	16
Leprosy	0	0	0	0	0	0	0	0
Malaria	3	8	7	3	2	7	10	8
Measles	17	10	20	13	23	14	18	14
Mumps	24	21	20	13	76	69	85	77
Pneumonia	56	84	76	61	34	58	48	84
Poliomyelitis	0	2	0	0	26	12	13	4
Scarlet Fever	155	164	191	133	107	165	167	168
Smallpox	8	11	13	9	79	54	42	61
Syphilis	92	211	85	58	63	90	109	52
Tuberculosis	144	146	104	71	104	146	109	120
Typhoid Fever	33	17	24	12	31	16	18	11
Whooping Cough	36	37	69	49	57	44	20	29
Totals	992	1,293	1,048	758	1,107	1,262	1,277	1,256

o

CALIFORNIA STATE PRINTING OFFICE

19991 11-22 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 42 DECEMBER 2, 1922 GUY P. JONES EDITOR

PRE-NATAL TALKS.*

LEILA TRIMMER, M.D.

What a Prospective Mother Can Do for Herself—Corsets and Shoes.

The comfort and welfare of the body are maintained by the choice of proper corsets and shoes. In years when the dictates of fashion urged women to acquire the wasp-like figure the corset was a real menace to health. It constricted the waist, crowding down the contents of the abdomen, altering the normal circulation within and forcing the organs against weak and resistless, because undeveloped, abdominal muscles. The corset, therefore, afforded no support to the abdominal wall during the pre-natal period, and was early cast aside by the advice of the physician.

The modern corset may still, if improperly adjusted, distort the figure, but it usually accomplishes the support of the lower abdomen by its being close about the hips and loose about the waist line, even though it may have other faults.

Support for Corset.

When the figure begins to change at the beginning of the third month, the modern corset may slide out of place. If it was well fitted, it usually still supports, and by loosening can be worn for several weeks or even longer. But it should always retain its support to the lower abdomen and back. It should not slide upward, in which case it will press the abdominal contents downward. Also, if it is widely separated in the back, even though it be in position over the hips, there is no back support.

There are many reasons for proper support to the abdominal wall at this time and such symptoms as faintness, fatigue, backache, muscle pain and pressure pain result from the lack of it.

In later life a break in the abdominal wall causes difficulties. This break occurs if the abdominal muscles are unable to withstand the tension to which they are subjected. There then results a separation of the recti muscles. These muscles are capable of great development in the athlete, but are usually poorly developed in most women.

Gap Widens.

There are two broad bands stretching side by side from the center of the chest downward to the bony structure below. When they are separated they give rise to a greater or less degree of break in the abdominal wall which, when extreme, allows a considerable portion of the anterior wall of the enlarging organ to be covered by nothing but a thin layer of tissue consisting of skin, muscle covering, and very thin membrane lining the abdominal cavity, called peritoneum. With increasing pressure the gap betwen the muscles widens and the break in the wall begins and enlarges. The extreme condition can be prevented by care both before and after this period in maintaining proper abdominal support.

*Number 5 in series published each Saturday by the San Francisco Call.

Digitized by Google

Moderate exercise, which is necessary, requires the patient to be much upon her feet. If the feet are properly dressed there is no discomfort. But shoes must be worn which assist the feet in meeting the change in balance of the body; for the posture of the body changes with the change in balance. This change in posture consists in throwing the head and shoulders backward.

Strain on Muscles.

When the heels are unduly elevated the weight is thrown further forward and the head and shoulders must therefore go farther backward. This more marked posture puts all muscles on a strain, overstretching the abdominal wall and muscles of the sides and back.

The ideal shoe is the one which has a broad heel tread with as little elevation as can be tolerated after the previous wearing of a Cuban or French heel. In this case, as in every other, the change from the high to the low heel must be made advisedly, and if there is any degree of weakness of the ligaments of the arch, arch supporters or heel levelers are a great assistance in maintaining the arch, which must carry the added weight and modified poise of the body during the pre-natal period.

"We look upon things as valuable that are worthless without life, and that can not be enjoyed without health. How much more valuable then, the means to possess and enjoy both life and health, which alone give value to other objects. When compared together all other matters this side the grave dwindle into insignificance."

"We doctors and nurses and tuberculosis workers have to be preachers and teachers and confessors to the tuberculous man. Are we good teachers, true teachers, winsome and persevering teachers, or does the bare law perhaps intrude too much? We can teach the alphabet without emotion or the multiplication tables without enthusiasm but the religion of right living can not be taught coldly. To kindle enthusiasm takes more than time and logic. It takes a torch."—Dr. David A. Stewart, Ninetta, Manitoba.

The young American must as a citizen be an American indeed, in spirit, purpose, and hope; he must "prove by his endeavor" that he is a man able to hold his own in the rough work of the world, fearlessly on behalf of the right, resolute never to flinch before the forces of evil; and, finally, by his life he must show his conviction that all else is useless if he does not build on the foundation of those basic virtues which lie deep in the character of every nation that really deserves to be called great.—Roosevelt.

PRE-NATAL TALKS.*

LEILA TRIMMER, M.D.

Breast Feeding.

Within the first year after birth, the United States loses one in every ten infants. Half of these babies die in the first six weeks. This is mainly due to lack of pre-natal care of the mother. Next in order comes the number of deaths due to digestive disorders during the first months. One-fifth of all deaths under two years are due to digestive disorders; these are directly the result of improper feeding, which starts with the mother's loss of milk in the early weeks.

Mother's milk is the most digestible food, the most adaptable in every way. If the mother has been in a condition of health to bear a child, she is able to nurse that child, giving it the best chance for a healthy body.

Artificial feeding presents serious difficulties.

Proportion Necessary.

There is no perfect food for a child but mother's milk. The elements of any artificial food must be juggled about to give a proper proportion to meet the individual needs. It is difficult to keep the food free from germs in the process of preparation. It is also difficult to keep the bottles and nipples free from germs. The food may be spoiled by change in temperature or by improper temperature. Again, with the growth of the child, a change of formula is necessary to keep the food adjusted to the child's needs. This takes expert knowledge, as do the particular needs of the individual child. Too often the baby becomes the object of experimentation, owing to the fact that the neighbors differ in their advice because of their different experiences. The mother becomes anxious and discouraged, and tries every suggestion.

Best Food Necessary.

When we understand the growth and development of a child, it immediately appears most important that it should have the best food obtainable to carry on properly this complicated task and develop immunity to illness. *Breast milk obviates all these difficulties.* It is an *ideal infant food.*

During the rapidly changing conditions of living, our nervous systems have become uncomfortably prominent,

*Number 6 in series published each Saturday by the San Francisco Call.

Digitized by Google

because they are overtaxed. This is a great obstacle to breast feeding. Just as health must be struggled for, so must we make an effort to establish and promote the function of breast feeding. However, it is possible; we may even establish it after as long as five weeks' interruption. In the pre-natal period tight brassieres are not favorable to the development of glandular tissue. There should be support, but not compression. Daily cold washing with a coarse cloth and lather of the purest soap, with thorough rinsing, are stimulating and remove the superficial layers of dead cells.

Sterile Water Needed.

From the first hours the child is taught to nurse and the mother to properly assist. Occasionally this is difficult because of the condition of the breasts or the condition of the child. Splendid condition of both mother and child is most favorable. The first nursing may be from six to twelve hours after birth, according to the condition of both; the baby having had sterile water to help wash mucus from its stomach and keep up body fluids. After 48 to 60 hours the milk secretion is profuse. Until this condition has come about, the sterile water is continued to assist in the child's bodily chemistry.

Virulent Smallpox in Colorado.

An outbreak of virulent smallpox has occurred recently in Denver. Forty to fifty per cent of all cases occurring are confluent. In September 32 cases were reported with 7 deaths. In October 160 cases were reported with 42 deaths. From November 1st to 7th, inclusive, 75 cases were reported with 25 deaths. In all, during a period of 68 days, 267 cases have been reported with 74 deaths. During the week ending November 11th, 66 cases were reported with 17 deaths.

A recent arrival in California, who had just come from Denver, developed virulent smallpox and died. Individuals in California who are not vaccinated would do well to secure this protection. Health officers and public health nurses should advise of this outbreak all persons residing within the territory wherein lies their jurisdiction, and as a matter of safeguarding the public health should do all that may be possible to encourage the vaccination of all unvaccinated individuals.

An outbreak of virulent smallpox occurred in Denver last year and in Kansas City as well. During 1922 several deaths from this disease have occurred in California. Some of the cases that have occurred in this state during the past few months are as severe as any cases of the disease that have ever occurred here. The best time to prepare for the appearance of this disease is before any cases occur. Vaccination against smallpox offers sure and certain protection. There is no better type of insurance than that afforded through vaccination against this disease, in which no unvaccinated individual possesses immunity.

Smallpox in London.

Nineteen cases of smallpox occurred in and around London during the period July 26th to October 13th, 1922. Five of the 19 cases reported were fatal. This outbreak has attracted much more attention in England than has the Denver outbreak in the United States, and the Denver outbreak presents much more serious aspects, since nearly fifteen times more cases and deaths have occurred in Denver than in London. So far this year, 700 cases of smallpox have occurred in England, not including London. Of these 700 cases but one has proved fatal, indicating that the disease is of a much more virulent type in London. In California, up to November 1st, 2021 cases of smallpox have been reported, with 16 deaths to October 1st. The health committee in London, forwarding the Medical Officer's report to the County Council makes the following worth-while comment:

"The danger of an epidemic of virulent smallpox in this country is, in our opinion, accentuated by the unvaccinated condition of a large proportion of the population, especially young persons. Since the passing of the vaccination act, 1898, which provided for the exemption from compulsory vaccination of an infant on the production of a certificate of conscientious objection by the parent, the number of infants vaccinated throughout England and Wales has declined from 66.4 per cent of births in 1899 to 39.5 per cent in 1920. We are informed that in pre-vaccination days the incidence of fatality of smallpox fell chiefly upon young children, and in our view the accumulation within recent years of large numbers of young persons, deprived of the protection afforded by vaccination in infancy, might be fraught with grave consequences in the event of smallpox becoming prevalent."

The chief facts in the above statement holds just as true in California as in England.

Digitized by Google

MORBIDITY.*

Smallpox.

Seventeen cases of smallpox have been reported from the following localities: Los Angeles 3, Redwood City 1, San Francisco 5, Shasta County 1, Stockton 1, Ventura 6.

Typhoid Fever.

Eighteen cases of typhoid have been reported, the distribution being as follows: Eureka 2, Fresno County 1, Fullerton 1, Imperial County 1, Long Beach 1, Los Angeles 3, Ontario 1, Sacramento County 4, Santa Barbara County 1, Santa Barbara 1, Santa Clara County 1, Williams 1.

Epidemic Encephalitis.

Sacramento reported one case of epidemic encephalitis.

Cerebrospinal Meningitis.

Los Angeles and San Diego each reported one case of cerebrospinal meningitis.

Anthrax.

Marysville and Yuba City each reported one case of anthrax.

Leprosy.

San Francisco reported one case of leprosy.

*From reports received to date for last week.

Typhus.

Los Angeles reported one case of typhus, making a total of two cases in the last two weeks.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Nov. 25 received by Nov. 28	Week ending			Reports for week ending Nov. 26 received by Nov. 30
	Nov. 4	Nov. 11	Nov. 28		Nov. 5	Nov. 12	Nov. 19	
Anthrax	0	0	0	2	0	0	0	0
Cerebrospinal Meningitis	1	3	2	2	3	4	3	1
Chickenpox	67	76	144	76	77	57	114	51
Diptheria	250	234	262	199	398	447	371	290
Dysentery (Bacillary)	3	2	0	1	1	7	4	2
Epidemic Encephalitis	1	0	0	1	3	3	1	3
Gonorrhoea	229	92	90	67	95	107	160	88
Influenza	31	32	24	18	10	13	17	14
Leprosy	0	0	0	1	0	0	0	1
Malaria	8	7	3	0	7	10	8	2
Measles	10	20	14	13	14	18	14	12
Mumps	21	20	19	20	69	85	79	60
Pneumonia	84	76	92	74	58	48	86	71
Poliomyelitis	2	0	0	0	12	13	4	5
Scarlet Fever	164	191	187	145	165	167	184	129
Smallpox	11	13	9	17	54	42	60	45
Syphilis	211	85	95	90	90	109	56	62
Tuberculosis	146	104	136	140	146	109	123	120
Typhoid Fever	17	24	18	18	16	18	13	6
Typhus Fever	0	0	1	1	0	0	0	0
Whooping Cough	37	69	57	32	44	20	34	18
Totals	1293	1048	1153	917	1262	1277	1331	980

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, Jr., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 43 DECEMBER 9, 1922 GUY P. JONES EDITOR

PRE-NATAL TALKS.*

Breast Feeding.

The frequency of nursing in the first days should depend upon its facility; if undue fatigue is the result, every four to six hours is sufficient. When occasionally the secretion increases suddenly the breasts should be prevented from becoming full and painful, or the the nipples will become flattened and the ducts choked, making nursing difficult.

Proper bandaging or compressing is to be preferred to massage, which stimulates secretion and may bruise the tissue. Early protection against friction of the nipple prevents infection of the breasts, a most unnecessary and unfortunate condition. The use of the nipple shield for nursing must be resorted to only with fissures of the nipples, for the baby becomes addicted to this easier means. Care in washing the nipples also prevents infection.

Three Hour Interval.

After lactation is established the supply depends upon the regularity and complete emptying of the breasts. The more completely they are emptied the more they secrete; the more regularly they are nursed, the more completely they are emptied. The interval should be three hours and there should be no deviation from a regular schedule. The length of feeding depends upon the flow of milk and the avidity of the child, and varies from five to twenty minutes.

*Number 7 in series published each Saturday by the San Francisco *Call*.

It should not be prolonged enough to overfill the child's stomach, causing regurgitation or hiccough. The child should not sleep at the breast, prolonging the nursing period over thirty minutes. Weighing the child before and after a definite nursing period determines how fast he is getting his quantity; it also determines if he is getting the proper amount.

If the quantity is not sufficient, the symptoms are usually decrease in the length of sleep between feedings and decrease in amount of stool.

Crying as Sign.

Crying may be a sign of overfilling and consquent disturbance of digestion, as well as of hunger. Loss of weight and absence of regurgitation are positive signs of insufficient quantity. The increase in the mother's supply is usually successfully met by varied diet, plenty of fluids, preferably water, and proper rest and fresh air. Excessive eating of gruels or milk is detrimental to the appetite. Malt beverages usually fatten the mother without increasing the milk supply. Cool sponging with brisk rubbing of the body stimulates skin activity. Enough exercise to improve the nutrition is a necessity, and even if a deficient supply persists it should be retained as long as the quality is good, with addition of supplementary feeding of modified cow's milk.

There are many tales abount abnormal breast milk poisoning the child, but the baby should nurse from the breast before the bottle is given each time. Milk

Digitized by Google

secretion is chiefly affected by the emotions, just as stomach secretion has been experimentally proven to be. Nothing decreases secretion of the milk more than anger or grief. A well baby, therefore, is dependent upon a happy mother.

Glandular Fever in California.

A case of glandular fever was reported in California last week, and health officers throughout the state are urged to watch for the possible appearance of the disease in their respective communities, advising the State Board of Health immediately of any cases that may appear. A large number of glandular fever cases were reported in New York state last winter. The disease appears among children and is characterized by a slight redness of the throat, high fever, and swelling and tenderness of the lymphatic glands of the neck. The fever is of short duration, but the enlargement of the glands persists for from ten days to three weeks. The enlarged glands are painful to the touch, but there is seldom any redness or swelling of the skin. The onset is sudden, and the first complaint is of pain upon attempting to move the head and neck. There may be nausea, vomiting and abdominal pain.

Chickenpox More Prevalent.

There is a slight increase in the prevalence of chickenpox in California. While the disease itself is not serious, it deserves careful watching lest it be confused with smallpox. This is particularly important, since smallpox is appearing now in a more virulent form. Health officers and physicians are urged to use every precaution lest cases of smallpox be confused with cases of chickenpox. The California State Board of Health has prepared a special bulletin which outlines the chief points of difference between these two diseases. Copies will be forwarded to any individual who may desire them.

Scarlet Fever Control Important.

In some places there is a laxity in the control of scarlet fever. Since this disease is productive, oftentimes, of extremely sever after-effects, the matter of its control is of the greatest urgency. The regulations of the State Board of Health pertaining to the period of quarantine of this disease must in all cases be enforced strictly. Rule 8 of these regulations reads as follows:

> The quarantine and isolation of a scarlet fever patient shall continue until thirty days have elapsed after the first symptoms, and as much longer as is necessary for the complete disappearance of inflammation of nose and throat and the cessation of discharges from the nose, throat, ears or suppurating glands.

Public Health Nurses Make Records.

Fifty-one public health nurses in California passed successfully an examination for positions as public health nurses recently conducted by the State Civil Service Commission. Two of these nurses obtained ratings better than 90 per cent; 12 of them obtained ratings between 85 per cent and 89 per cent; 14 had ratings between 80 per cent and 84 per cent; 15 nurses obtained markings between 75 per cent and 79 per cent; and 8 stood between 70 per cent and 74 per cent. According to these records more than half of those who passed the examination obtained ratings better than 80 per cent.

Occupational Diseases in 1921.

Occupational diseases in California caused 576 temporary injuries during 1921. Fortunately there were no fatal injuries from occupational diseases during the past year, although there were five such deaths in 1920. The Industrial Accident Commission has jurisdiction over the occupational diseases, and it is through the courtesy of Mr. Will J. French of that commission that we are enabled to publish the following tabulation of occupational diseases in 1921. Lead poisoning is one of the chief causes of occupational injury in California, and the compensation incurred for lead poisoning is greater than for any occupational injury.

Nature of injury	Number of injuries	Days lost
Poisonous substances:		
Poisoning by—		
Aniline dyes	1	34
Antimony	4	30
Arsenic	*1	1,330
Carbon dioxide (carbonic acid gas)	1	7
Gassing (not otherwise specified)	17	181
Lead	84	2,781
Mercury (quicksilver)	4	11
Nitrous gases	1	1
Phosphorus	1	22
Sulphuretted hydrogen	2	28
Wood (African boxwood and others)	4	61

*Injured still disabled. Days lost and compensation estimated.

Digitized by Google

Disease—		
Copper and copper sulphate poisoning	1	4
Nickel or kalye poisoning	1	48
Fish poisoning	6	180
Cement or lime poisoning	16	459
Turpentine poisoning	1	5
Distillate and other petroleum products (enters through skin)	15	1,161
Ptomaine poisoning	6	176
Fruit and vegetable poisoning, including poison oak	206	2,492
Acid poisoning—not otherwise classified	7	166
Miscellaneous occupational diseases—not otherwise classified	56	1,455
Pulmonary diseases cause by dust and fibres:		
Disease—		
Pneumokoniosis (not otherwise specified)	1	7
Potters' rot or potters' asthma	1	6
Diseases caused by parasites and micro-organisms:		
Disease—		
Whooping cough	1	24
Anthrax	4	58
Pneumonia and colds	7	116
Sugar boils and dermatitis	16	177
Spanish influenza	1	12
Diphtheria	3	67
Typhoid fever	1	17
Bronchitis	8	61
Tonsillitis	3	12
Smallpox	3	89
Scarlet fever	3	120
Due to fatigue, strains, excessive light and heat, friction, etc.:		
Disease—		
Electric ophthalmia	1	1
Amblyopia	2	16
Kleig eyes	2	11
Cramps and other nerve affections:		
Disease—		
Occupation neurosis and neuritis (not otherwise specified)	29	832
Bursitis (beat elbow)	2	48
Cellulitis of the hand	5	113
Bursitis over patella	19	616
Synovitis	23	630
Rheumatism from exposure	6	34
Total	576	13,699

Examinations for Sanitary Engineers.

The California State Civil Service Commission announces examinations for the following positions with the Bureau of Sanitary Engineering of the State Board of Health, said examinations to be held as soon as possible after December 23, 1922, which is the last day for filing applications with the Civil Service Commission in Sacramento. The positions for which examinations are to be conducted are:

Junior Sanitary Engineering Aid, Grade I, salary $130 per month.
Sanitary Engineering Aid, Grade II, salary $135 to $165 per month.
Junior Sanitary Engineer, Grade III, salary $170 to $230 per month.
Assistant Sanitary Engineer, Grade IV, salary $235 to $280 per month.

The examinations will be entirely oral, and will be conducted by special boards of examiners appointed for this purpose by the Civil Service Commission. Candidates must secure a rating of at least 70 per cent in this oral interview in order to pass the examination. All applications received will be reviewed carefully with respect to the candidate's education and experience, and only those candidates whom the Civil Service Commission considers to have met the minimum entrance requirements will be notified to appear for the oral interview.

For the Grade I and Grade II positions examinations will be held in Sacramento, San Francisco and Los Angeles.

For the Grade III and Grade IV positions the examinations will be held in the three cities named above and in such other places throughout the United States as the number of candidates may warrant. Application blanks may be secured from the State Civil Service Commission, Sacramento; Room 1007 Hall of Records, Los Angeles; and from the California State Free Employment Bureaus in San Francisco, Oakland, San Jose, Fresno, Stockton and Los Angeles.

Following are the duties and minimum entrance requirements:

The examinations are open to all American citizens who have reached their twenty-first but not their sixty-first birthday, who are in good physical condition, and who meet the minimum entrance requirements outlined below for the respective examinations.

Junior Sanitary Engineering Aid, Grade I.

The duties of this position are, under immediate supervision, to clean and sterilize laboratory equipment; to fill reagent bottles, prepare standard solutions and cultural media to observe presumptive chemical reactions; to count colonies of bacteria; and to perform related work as required.

Candidates must have had common school education.

Sanitary Engineering Aid, Grade 2.

The duties of this position are, under immediate supervision, to perform minor technical work in sanitary engineering, such as assisting in the investigation of water purification and of sewage treatment and disposal plants, and in the chemical and bacteriological examination of water and sewage plant effluents; and to perform related work as required.

Candidates must be high school graduates who have had at least one year of experience in engineering work, preferably sanitary engineering, and who possess ability to make simple chemical and bacteriological examinations of water; or must be grammar school graduates who have had at least two years of experience in engineering work. Graduation from an engineering institution of recognized standing will be considered the equivalent of two years of engineering experience. For high school graduates who have not had the required year of engineering experience, the completion of each full year of college will

Digitized by Google

be considered the equivalent of three months of such experience.

Junior Sanitary Engineer, Grade 3.

The duties of this position are, under immediate supervision, to do sanitary engineering work of the following character: to inspect and investigate water purification and sewage treatment and disposal plants; to investigate stream pollution; to collect samples and make chemical and bacteriological examinations of water and sewage plant effluents; and to perform other related work.

Candidates must have had not less than one year of experience in engineering work, preferably sanitary, together with either graduation with a degree from an institution of recognized standing with major work in engineering (preferably in civil or sanitary engineering), or at least two years of additional engineering experience. The completion of each full year of such course will be considered the equivalent of six months of such practical experience.

Assistant Sanitary Engineer, Grade 4.

The duties of this position are, under specific administrative and technical direction, to be responsible for the conduct of the work of a minor subdivision of a sanitary engineering organization; to take immediate charge of field projects and of the design and construction of minor sanitary engineering work; to lay out and develop work from specifications; to supervise the work of a drafting or computing force; to conduct specific tests or investigations of apparatus, material, or processes; and to perform related work as required.

Candidates must have had not less than two years of experience in sanitary engineering work, together with either graduation with a degree from an institution of recognized standing with major work in engineering (preferably sanitary engineer), or at least three years of additional engineering experience. The completion of each full year of such course will be considered the equivalent of one year of such additional experience, except that the first two years of such university course will be considered the equivalent of only one year of experience. Candidates must have proven technical knowledge and proficiency.

MORBIDITY.*

Smallpox.

Sixteen cases of smallpox have been reported, distributed as follows: Inyo County 1, Los Angeles County 1, Los Angeles 2, Oakland 1, San Francisco 1, Santa Barbara 1, Shasta County 3, Stockton 2, Tehama County 1, Ventura County 1, Ventura 2.

Typhoid Fever.

Thirteen cases of typhoid fever were reported from the following localities: Colusa 2, Los Angeles County 2, Los Angeles 4, Oakland 1, Plumas County 1, Orange County 1, Sacramento County 1, Stockton 1.

Epidemic Encephalitis.

Los Angeles reported two cases of epidemic encephalitis and Oakland and San Francisco each reported one of this disease.

Glandular Fever.

Gilroy reported one case of glandular fever.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Dec. 2 received by Dec. 5	Week ending			Reports for week ending Dec. 3 received by Dec. 7
	Nov. 11	Nov. 18	Nov. 25		Nov. 12	Nov. 19	Nov. 26	
Anthrax	0	0	2	0	0	0	0	1
Cerebrospinal Meningitis	3	2	2	0	4	3	1	3
Chickenpox	76	144	109	73	57	114	62	71
Diphtheria	234	262	230	205	447	371	319	349
Dysentery (Bacillary)	2	0	1	1	7	4	2	5
Epidemic Encephalitis	0	0	1	4	3	1	3	7
Gonorrhoea	92	90	81	166	107	160	97	55
Influenza	32	24	34	15	13	17	16	23
Leprosy	0	0	1	0	0	0	1	3
Malaria	7	3	0	2	10	8	2	1
Measles	20	14	14	19	18	14	13	12
Mumps	20	19	23	20	85	79	66	115
Pneumonia	76	92	83	97	48	88	74	122
Poliomyelitis	0	0	1	0	13	4	8	8
Scarlet Fever	191	187	170	167	167	184	157	164
Smallpox	13	9	17	16	42	60	56	73
Syphilis	85	95	93	109	109	56	64	75
Tuberculosis	104	136	146	95	109	123	123	199
Typhoid Fever	24	18	20	13	18	13	9	18
Whooping Cough	69	57	37	51	20	34	20	30
Totals	1048	1153	1065	1053	1277	1331	1093	1334

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

LANE MEDICAL LIBRARY

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 44 DECEMBER 16, 1922 GUY P. JONES EDITOR

Another Smallpox Warning.

In a recent issue of this publication health officers and public health nurses were advised to urge the residents of the communities in which they live to be vaccinated against smallpox immediately if they had not been vaccinated successfully during recent years. Attention was called to the appearance of an extremely virulent form of smallpox in Denver and the appearance of this type of the disease in California, among recent arrivals from Colorado. Last week another case of extremely severe smallpox appeared in a man who had just arrived in Oakland from Denver. The advice and the warning are therefore repeated here. There is no safeguard against smallpox other than vaccination. Health authorities believe that conditions are such that a severe form of smallpox is likely to make its appearance extensively in California this winter. In those communities where the residents are successfully vaccinated against the disease there need be no cause for alarm. In those communities where relatively few of the residents are successfully vaccinated against the disease there is ample cause for apprehension, both personal and public. The State Board of Health is keeping a close watch of smallpox conditions through out the country and through this publication it will keep the general public of California advised regarding these conditions throughout the United States.

New Cases of Botulism.

A resident of Los Angeles and his wife, during the last part of November, contracted botulism. Upon investigation by the California State Board of Health it was determined that this man was suffering from double vision and general weakness. He had difficulty in swallowing and his speech was thick. He also complained of a dry and burning sensation in his throat. His wife was confined to her bed, was suffering from double vision and extreme weakness and was barely able to talk. The clinical diagnoses of both cases were very clear, leaving no room for doubt as to the diagnosis of botulism. Representatives of the State Board of Health endeavored to determine the source of infection of these cases but so far have been unable to ascertain the foods that were responsible for the illnesses. Extensive laboratory examinations have been made of samples of canned goods that were used by the patients, but with negative results. Both patients were given the serum used in the treatment of botulinus poisoning, and have about recovered.

Season for Respiratory Infections Begins.

The season for increased prevalence of the respiratory infections, such as pneumonia, influenza and common colds is beginning. Influenza is still an enigma, the world over. Pneumonia can not always be prevented. There is much, however, that the individual can

Digitized by Google

do to safeguard himself against common colds. The common factors that have to do with building bodily resistance, voluntary isolation upon the part of persons who are suffering from these acute infections and care in safeguarding others against such diseases are no inconsiderable weapons in bringing them under control. If every individual were to do everything possible to prevent the contraction of a common cold, considerable might be accomplished in the control of some of the respiratory infections. This is easier said than done, but nevertheless, in every post-mortem over a common cold the patient has a fairly clear idea of how it was contracted and what he might have done to prevent it.

We have no reason to believe that influenza will appear this winter, although there is the bare possibility that an increased number of cases may occur. So far, no reason has developed for any anxiety concerning an outbreak of this disease.

Public Health Nursing Examination.

An examination for the certificate of public health nurse under the State Board of Health, as provided in sections 3062 and 4225*a* of the Political Code, 1919 enactment, will be held at the University of California, Berkeley, at 9 a.m., December 22d. Nurses who desire to take this examination should make application for registration blanks by writing to the office of the secretary of the California State Board of Health, Sacramento.

Gillespie Returns to Staff.

Chester G. Gillespie, who resigned from the directorship of the Bureau of Sanitary Engineering in June, 1919, in order to engage in the private practice of engineering, has now returned to the bureau and has taken up his duties as director. Ralph Hilscher, who has directed the work of the bureau during the absence of Mr. Gillespie, will resume his former position of assistant director. Gillespie enjoys a wide acquaintance among engineers and civic authorities throughout the state. His ability as a sanitary engineer is of a high order, and his return to the staff of the California State Board of Health constitutes a real asset.

PRE-NATAL TALKS.*

Mental Hygiene for Prospective Mothers.

There are two frequent inquiries from the prospective mother. One is, "What can I do to give my child the best possible mental traits?" and another "Is there any danger that a fright or shock will leave its mark on my child?"

To begin with the second: The subject of pre-natal impressions has excited interest since the earliest days, and many persons are still firmly convinced that a shock or fright to the mother will leave with the child some mark or perhaps some mental trait directly related to the unpleasant experience.

When studied scientifically there seems to be little or no basis for such a belief. But it is a mother of poor imagination who can not find in the long period preceding her baby's birth some event which may seem to account for any peculiarity the child may possess.

What Experiment Showed.

An experiment tried in an Eastern maternity hospital some years ago bears interestingly on this point. Fifty prospective healthy mothers, nearing the termination of pregnancy, were asked to make a list of all possible impressions received by them during the period of pregnancy, which might have an undesirable effect on the child or which might serve to "mark" it in any way. Each mother produced a considerable list of such experiences, all of which seemed serious. However, when the children were born, not one showed a "mark" or trait which could be related to any of the mothers' earlier described experiences. Hence it is probably safe to say that no mother need have anxiety because of a mental experience, unless that experience is of such a nature that it injures her physically. The mental condition of the mother before birth of her child is probably far less important than is the physical.

Mental Influence.

Now to come to the other question: "What can I do to give my child the best possible mental traits?"

A mother's mental attitude and her intellectual experiences and habits, if assumed consciously during the period of pregnancy alone, can have no effect on the developing child except in so far as they react well or ill on the mother's physical health.

To be sure, the mother who maintains a good mental attitude and who reads

*Number 8 in series published each Saturday by the San Francisco *Call*.

Digitized by Google

good books and hears good music and sees beautiful pictures, shows a decided appreciation of the finer things of life, which is probably part of her own mental constitution, and heredity provides ample means for transmitting such a character to her children. But the character of her child is determined long before the period of pregnancy, except in those rare instances, where actual physical harm to the mother has an injurious effect on the developing child's body and brain.

Mental Strain.

Worry and mental strain, at any time, affect our bodily well being. We do not digest our food well nor do we sleep well if we are under mental tension, and during a period which makes such special demands on the mother's whole organism, as does pregnancy, all adverse conditions have a greater effect.

Hence, excitement and special causes for anxiety are to be avoided by the prospective mother, largely because they disturb her general health and so make it impossible for her to give what is needed of her own vitality to the task before her. A contented person is usually a healthy one, so the expectant mother may well seek to attain serenity of mind, that she may give her child the fullest measure of strength, both mental and physical, with which to enter life.

Importance of Diet.

The part which proper diet plays in the condition of the mouth, teeth and gums is quite important. The formation of the teeth in the developing child is influenced by the diet of the mother. If her diet is deficient in mineral salts and vitamins her child's teeth will not be properly formed. The complete formation of the enamel of all the permanent teeth finishes about the twelfth year and from birth to that age it advances at a regular pace.

Scarlet fever or measles have a bad effect upon tooth formation, causing brown staining of the enamel, with pitting and irregular edges, in fact, any fever of four or more days duration will leave permanent marks on the young teeth.

The lining of the mouth in infants is very delicate and the slightest injury results in infection, therefore, a toothless mouth should not be cleaned. The giving of food that is too hot causes injury. There is no direct evidence to show that tooth powders or pastes prevent decay and all the so-called antiseptic washes cease to act five minutes after they are used. The variety of diet is more important than mere cleansing to maintain good teeth.

It is an interesting thing that people whose diet is made up of coarse food and who do not use a tooth brush have, as a rule, teeth comparatively free from decay. The first sign of decay is at the junction of the tooth and gum and such teeth, if first teeth, should be removed if too far advanced to be successfully filled. The preschool age is the one to watch the closest, as it is in this period that the permanent teeth are forming.

The dietary solution of the problem of carious teeth therefore centers about the ability to get into the diet:

1. Sufficient calcium and phosphorus.
2. Plenty of vitamins; fortunately foods containing these have a good supply of the first two requirements.
3. Hard fibrous food which requires active mastication.
4. Salivary activators.

In the discarding of the water in which vegetables are boiled many of the soluble salts are lost, so this water should be inorporated into soups and sauces. Whole wheat bread and the coarse cereals should be added to the diet. Molasses, honey and maple sugar should be used instead of cane sugar. The more saliva that can be produced the better. Dry bread increases the salivary flow as also do apples and oranges; acids and highly flavored food act the same way. After vegetables and fruits are eaten the salivary flow continues. The same results after eating crusts of bread, salads and nuts.

Such foods as fine white flour products, sweets, chocolate, decrease salivary flow. In order to make coarse foods attractive one must know how to cook them, and practical demonstrations in the art of cooking them should be given in the free dental clinics. Work along these lines has been conducted for some time at the Forsythe Dental Clinic in Boston, Mass.—*Indiana State Board of Health Bulletin.*

"Wherever vaccination has been carried out carefully in the Philippine Islands, smallpox has practically disappeared. Wherever it has been neglected or insufficiently done, we have had frightful loss of life. The people, who are familiar with the situation, are keenly appreciative of the benefits of vaccination.

"After effective vaccination had been established in the city of Manila there were no deaths from smallpox for seven years. It is also interesting to observe that before the days of systematic vaccination in the Philippine Islands that there were approximately 40 000 deaths per year from smallpox. As effectual vaccination was carried out the disease disappeared province by province."—Major General Leonard Wood, Governor of the Philippines.

Digitized by Google

MORBIDITY.*

Smallpox.

Nine cases of smallpox have been reported, as follows: Modesto 1, Oakland 3, San Francisco 1, Ventura 4.

Typhoid Fever.

Twelve cases of typhoid fever have been reported, distributed as follows: Colusa County 3, Lake County 2, Los Angeles County 3, Modesto 1, Sacramento County 1, San Francisco 1, San Joaquin County 1.

Cerebrospinal Meningitis.

Modesto and San Francisco each reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

Palo Alto and San Francisco each reported one case of epidemic encephalitis.

*From reports received to date for last week.

WHICH SHALL IT BE?

"Two contrary laws seem to be wrestling with each other nowadays; the one, a law of blood and of death ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield—the other, a law of peace, work and health, ever evolving new means of delivering man from the scourges which beset him.

"The one seeks violent conquests, the other the relief of humanity. The latter places one human life above any victory; while the former would sacrifice hundred and thousands of lives to the ambition of one. The law of which we are the instruments seeks, even in the midst of carnage, to cure the sanguinary ills of the law of war; the treatment inspired by our antiseptic methods may preserve thousands of soldiers. Which of those two laws will ultimately prevail, God alone knows. But we may assert that French Science will have tried, by obeying the law of Humanity, to extend the frontiers of Life."—Louis Pasteur.

"It is not over-sanguine to claim that if measles, whooping cough, diphtheria and scarlet fever could be entirely suppressed, the average length of life would be increased by at least ten years."—Vaughn.

"If a scientific writer did even once what the anti-scientists do always, he would be repudiated permanently by the whole scientific world."—Chester Rowell.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Dec. 9 received by Dec. 12	Week ending			Reports for week ending Dec. 10 received by Dec. 14
	Nov. 18	Nov. 25	Dec. 2		Nov. 19	Nov. 26	Dec. 3	
Anthrax	0	2	0	0	0	0	1	0
Cerebrospinal Meningitis	2	2	0	2	3	1	3	5
Chickenpox	144	109	86	98	114	62	89	107
Diphtheria	262	230	215	129	371	319	371	370
Dysentery (Bacillary)	0	1	1	0	4	2	5	0
Epidemic Encephalitis	0	1	4	2	1	3	7	2
Gonorrhoea	90	81	171	54	160	97	58	91
Influenza	24	34	17	29	17	16	24	32
Leprosy	0	1	0	0	0	1	3	0
Malaria	3	0	2	5	8	2	1	8
Measles	14	14	21	17	14	13	12	12
Mumps	19	23	20	9	79	66	107	63
Pneumonia	92	83	105	72	86	74	125	86
Poliomyelitis	0	1	0	0	4	8	9	1
Scarlet Fever	187	170	179	117	184	157	174	156
Smallpox	9	17	16	9	60	56	76	135
Syphilis	95	93	110	52	56	64	78	141
Tuberculosis	136	146	96	72	123	123	203	141
Typhoid Fever	18	20	15	12	13	9	19	6
Whooping Cough	57	37	57	34	34	20	31	34
Totals	1153	1065	1115	713	1331	1093	1396	1390

19991 11-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 45 DECEMBER 23, 1922 GUY P. JONES EDITOR

A Merry Christmas to All.

To all health officers, physicians, nurses, public health workers, and to each and every reader of this publication, the California State Board of Health and the members of its staff extend their heartiest holiday greetings. The accomplishments of this large group of workers in the promotion of the public health in California have been particularly noteworthy during the year that is about to pass. Entering New Year with vision, determination, and the desire to make life longer and happier for us all, will make 1923 an even brighter mark in the advancement of public health in California.

Women Sponsor Maternal and Child Welfare.

A total of $45,000 from the federal government, under the Sheppard-Towner law, for work in maternal and child welfare in California is available this year, providing that the next legislature ratifies the act of the Governor in accepting these funds from the federal government. Too many mothers in the remote rural districts of the state, particularly, are dying at childbirth, because they are not well informed on how to care properly for themselves before and after this important event. Too many babies die unnecessarily during the first two weeks of their lives. The prevention of such suffering and deaths appeals directly to the women of California, and ratification by the legislature is demanded by them. Dr. Adelaide Brown's article upon this subject in this publication is worthy of careful reading.

Denver Tells the Truth.

The city of Denver and Dr. W. H. Sharpley, manager of its Department of Health and Charity, are to be commended for the frank and open manner in which they broadcast information regarding the smallpox conditions in their city. It was not many years ago that a policy of hiding facts regarding the prevalence of communicable diseases prevailed in almost every city in the country. Time and an awakened public opinion has proved the fallacy of such a policy. The city of Denver is mailing out printed statements concerning this smallpox outbreak, in order that the world may know the exact status of the conditions there. No individual who has been successfully vaccinated recently need have any fear in going to Denver because of the smallpox situation.

Quarantine for Rabies.

All of that portion of San Bernardino County lying south of Cajon Pass has been quarantined for rabies under the meaning of the Anti-Rabies Act of 1913.

Digitized by Google

Vaccinate Dogs in Berkeley.

More than 400 dogs in Berkeley have been vaccinated against rabies by the one injection method. All dogs, under the city ordinance recently enacted, that have not been immunized against this disease, will be taken by the poundmaster and are not subject to reclamation by their owners until vaccinated and fines paid.

Training for Institutional Work.

The State Bureau of Children's Aid, under the direction of Amy D. Steinhart, is cooperating with the Santa Barbara State Teachers' College in providing a special training course to qualify persons who desire to supervise child caring institutions. The proposed course will include, in addition to regular institutional management, lectures on child hygiene, nutrition, psychology, sociology (including demonstration of case work) and a specified period of field work in certain approved orphanages. The entire course will cover a period of 45 weeks. Applicants must be graduates of high schools or their equivalent and must be in good health.

Much good is certain to result in the better training of heads of child caring institutions. Too often, in the past, helpless and dependent children have suffered untold injury through the lack of fitness and general incompetence of superintendents of orphanages and similar institutions. This sort of work belongs on a high plane, upon which training and higher education alone can place it. The institutional care of children is of too great importance, from both a humanitarian and a tax-paying point of view, that it should be given into the hands of individuals who are unfit to administer so great a trust.

To Prevent Smallpox, Vaccinate Now.

There were 92 deaths from smallpox in Denver last month among a total of 252 cases—a fatality rate of 37 per cent for the month. These figures, supplied by the Denver Department of Health, give conclusive evidence of the severe type of the disease now prevalent in that city. Of the 92 persons who died of this preventable disease, 86 had never been vaccinated, 5 had been vaccinated, 7, 13, 40, 63 and 65 years, respectively, preceding the attack, and one person had been vaccinated ten days after exposure.

Virulent smallpox was present in Denver last year, and the same type of the disease is now appearing in California and in other parts of the country. For these reasons the California State Board of Health urges that all residents of the state who have not been successfully vaccinated recently, take the sensible precaution of securing this sure protection against the disease, and without delay.

The numbers of cases and deaths from smallpox in Denver during the past year are enumerated as follows:

	Cases	Deaths
1921		
November	46	11
December	84	26
1922		
January	72	24
February	47	16
March	53	15
April	45	19
May	29	17
June	9	0
July	11	3
August	14	2
September	32	7
October	160	41
November	252	92
Total	854	273

Free vaccination clinics established throughout the city have now been closed, for the reason that practically everyone in Denver has been vaccinated against smallpox. This marks the beginning of the end of the outbreak.

THE SHEPPARD-TOWNER BILL FOR INFANT AND MATERNAL WELFARE.

By Adelaide Brown, M.D., Member California State Board of Health.

The bill for the promotion of welfare and hygiene for maternity and nfancy was signed by President Harding in December, 1921.

Up to June, 1922, twelve states had accepted the provisions of act by legislative action. Thirty had accepted it through their governors' action, pending the next meeting of their legislatures. Four states, Louisiana, Massachusetts, New York and Rhode Island, did not accept the federal money, but New York voted $130,000, and created a Division of Maternity and Infancy in its State Board of Health, where its annual budget for such work was $30,000.

Each state submits its own plan to the federal board, and on acceptance, receives the fund for the first sixteen months.

The Federal Board of Maternity and Infant Hygiene consists of the Chief of the Children's Bureau, the Surgeon

Digitized by Google

General of the U. S. Public Health Service, and the U. S. Commissioner of Education. The Children's Bureau is charged with the administration, and the Chief of the Children's Bureau is Executive Officer.

California has had the federal fund accepted by Governor Stephens, and the legislature, meeting January 8, 1923, will have this action of the Governor's come before it for ratification.

The federal fund in California for the fiscal year ending June 30, 1922, was $12,000, and for the year ending June 30, 1923, is $33,000, a total of $45,000. This consisting of $10,000 unmatched and $35,000 matched, by the budget of the Bureau of Child Hygiene, already appropriated by the state.

The Bureau of Child Hygiene of the California State Board of Health, was established at the end of the Children's Year, 1918-1919, and was a part of the program of that year's work, by the women of the Council of Defense, and many cooperating organizations of California women. The acceptance of the infant and maternal federal money, calls on the California legislature for **no additional increase in money,** as its budget for the Bureau of Child Hygiene is duplicated by this fund.

Education in prenatal care will be furnished by lectures, literature, and the work of physicians and nurses, and great stress will be laid on the neonatal period—the first two weeks of life which furnishes 47 per cent of the deaths of infants under one year of age.

The maternal death rate has increased in the last five years in America from 6.1 per thousand living births to 8 per thousand living births—representing a total of 16,776 deaths in 1920. The largest single cause is puerperal sepsis and with the carrying over into the delivery room of the technique of the operating room, this incidence should be reduced 75 per cent at once. Prenatal care, given generally and carefully will foresee many of the puerperal albumenuria and eclampsias which cause 4000 deaths of mothers a year.

The study of the bony pelvis, its measurements and the relation of the child to it, will save many of the deaths of infants from traumatism, and of mothers as well.

More thorough instruction of the mother in hospitals about the care of her baby should be given. This is done, many times, too superficially. The young mother who has had her baby kept in a hospital nursery, brought to her for nursing, sees it bathed once by a spray, and dressed once, is weak and a pretty helpless person when she faces 24-hour care of the baby, alone, at the end of fourteen days. She needs about two home visits by a skilled instructing nurse who can start her straight. This help would conserve maternal nursing and greatly lessen the "slump" in progress towards strength and wellbeing in both mother and child during the third and fourth weeks of the baby's life.

Such problems as these are before the state. We have the money given us—is it not our place to make the most effective use of it for the homes of California?

The women of the State Federation of Womens Clubs, the California Civic Center of the National League for Women Voters, and many other state organizations of women are endorsers of the Infant and Maternal Welfare Law, and are anxious to have its help offered the communities of the state, to stimulate more interest in maternal and infant welfare.

The forward-looking groups of physicians, the health officers and the pediatricians in the American Medical Association have always supported the the Sheppard-Towner Bill, while the House of Delegates voted against it.

A general understanding of the purposes of the law by the laiety, social workers and public health nurses, is the only way to counteract this lack of appreciation of its possibilities by part of organized medicine.

It is always satisfactory to know that the physicians who deal with little children, and the men who devote their lives to increasing health in our communities, are with us in our work for mothers and babies.

Optimism must be our slogan—the future good—and we can only hope that the rest will see the light, for any health program which comes so close to the home, the doctor must be a cooperator to reach the best efficiency.

"My proposition is that we should right about face to consider health on the positive side instead of in terms of its absence. The luxury of being well is so precious a goal that we should turn ourselves with eagerness toward the development of individual initiative and social machinery that would plan directly for the realization of health for everybody."—Owen R. Lovejoy, National Child Labor Committee.

Digitized by Google

MORBIDITY*

Smallpox.

Only two cases of smallpox have been reported, one being from Hercules and the other from Sacramento.

Typhoid Fever.

Five cases of typhoid have been reported, distributed as follows: Chico 1, Imperial County 1, Sacramento 2, Santa Clara County 1.

Cerebrospinal Meningitis.

Six cases of cerebrospinal meningitis have been reported, from the following localities: Alameda 2, Fresno County 1, Pasadena 1, San Francisco 1, San Luis Obispo County 1.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, one from Alameda and one from San Francisco.

*From reports received to date for last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Dec. 16 received by Dec. 19	Week ending			Reports for week ending Dec. 17 received by Dec. 21
	Nov. 25	Dec. 2	Dec. 9		Nov. 26	Dec. 3	Dec. 10	
Anthrax	2	0	0	0	0	1	0	0
Cerebrospinal Meningitis	2	0	2	6	1	3	5	3
Chickenpox	109	86	148	79	62	89	116	77
Diphtheria	230	215	205	119	319	371	399	212
Dysentery (Bacillary)	1	1	0	0	2	5	3	0
Epidemic Encephalitis	1	4	3	2	3	7	2	1
Gonorrhoea	81	171	81	51	97	58	94	58
Influenza	34	17	35	13	16	24	30	9
Leprosy	1	0	1	0	1	3	0	1
Malaria	0	2	5	2	2	1	8	0
Measles	14	21	20	14	13	12	13	8
Mumps	23	20	13	11	66	107	64	67
Pneumonia	83	105	109	41	74	125	89	52
Poliomyelitis	1	0	0	0	8	9	2	4
Scarlet Fever	170	179	174	106	157	174	174	106
Smallpox	17	16	12	2	56	76	157	107
Syphilis	93	110	83	37	64	78	142	45
Tuberculosis	146	96	154	63	123	203	155	66
Typhoid Fever	20	15	19	5	9	19	10	18
Whooping Cough	37	57	51	52	20	31	39	10
Totals	1065	1115	1115	603	1093	1396	1502	844

19991 12-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 46 DECEMBER 30, 1922 GUY P. JONES EDITOR

Mortality from Typhoid Fever: 1921.

The Department of Commerce, through the Bureau of the Census, announces that there were over eight thousand deaths from typhoid fever in 1921 in the registration area, which comprises 82 per cent of the total population of the United States. The death rate from this disease was 9 per 100,000 population in 1921, as compared with 7.8 in 1920.

Of the 34 states shown for 1921 and 1920, only 9 show lower rates in 1921 than in 1920, as follows:

State	1921	1920
California	4.3	4.8
Connecticut	3.6	4.1
Maine	7.6	9.0
Michigan	7.7	7.9
Montana	3.5	4.8
New Hampshire	3.6	6.8
North Carolina	12.0	12.5
Vermont	5.4	10.5
Washington	5.4	5.6

In 1921 Rhode Island had the lowest adjusted rate (2.6 per 100,000 population), while South Carolina had the highest (26.5).

Of the 11 states showing rates by color, the lowest adjusted rate for the white population in 1921 was 3.6, and the lowest for the colored was 1.9, both for New York State, while the highest adjusted rate for the white population was 24.8 for Kentucky and for the colored 40.7 for Tennessee.

For the 27 states contained in the registration area of 1917, the death rate from typhoid fever per 100,000 population was 13.5 in 1917, 12.6 in 1918, 9.2 in 1919, 7.8 in 1920, and 8.7 in 1921.

Annual Report of the U. S. Public Health Service.

The annual report of the Surgeon General of the Public Health Service of the United States for the fiscal year ended June 30, 1922, has just been issued. The report covers the work of the one hundred and twenty-fourth year of the existence of the service.

The Public Health Service is the federal agency charged with the protection of the health of the people of the United States. It guards against the introduction of communicable diseases from foreign countries and the spread of these diseases from state to state, and it cooperates with state and local health departments in the suppression of epidemics and the correction of conditions affecting health which might become a menace to the nation.

The many activities of the Public Health Service during the year are described in the report, including, among others, the study of diseases of man for the purpose of finding effective means for the control of preventable diseases; studies in industrial hygiene and in the pollution of streams and the disposal of human excreta. Rural sanitation is said to be one of the most productive and economical of the cooperative functions of the Public Health Service

Digitized by Google

from the standpoint of measurable results.

One of the scientific accomplishments of the year is the development of a new gas for the fumigation of vessels for the destruction of disease-bearing insects and vermin without injury to vessel or cargo.

The necessity for, and the value of, work for the control of venereal diseases have been demonstrated, and research work is in progress which gives promise of greatly improved methods of treatment, particularly in the case of certain late manifestations of syphilis.

Threatened outbreaks of plague in several localities have been controlled, and the importation of yellow fever from Central and South America has been prevented.

A feature which has attracted popular attention is the giving of advice by wireless to ships at sea by medical officers of the Public Health Service as to the care of seamen or passengers who may be injured or ill. This service has been helpful to ships which do not carry physicians.

Public health information has been sent out to the public from a number of broadcasting stations. This service has been developed with very little expense to the government.

PRE-NATAL TALK.*

One of the most important things in preparing for the new baby is the preparation of the layette. It is just as significant to dress the baby properly as it is to feed the baby properly, and more harm can be done by improper clothing than one perhaps realizes. At all times it must be remembered that tight clothing and too much clothing are harmful. Tight clothing restricts free movements of the body, limiting the baby's exercise and breathing, while too much clothing will tend to make the baby very restless.

As in buying clothes for an adult, one is guided largely by the size of the individual pocketbook. The woman who sews herself is indeed fortunate, because it is the handwork that makes the tiny garments so dainty and attractive.

It is best, perhaps, to buy the shirts, of which there should be four, sizes 2 and 3. Cotton, silk and cotton, or wool and cotton shirts are most popular.

The shirts should be free from pins or buttons and tie with tapes. The Vanta shirt is highly recommended for this reason.

Abdominal Band.

Every baby, until it is six weeks old, should wear an abdominal band of the softest material possible, so as not to irritate the skin. Two-thirds of a yard of flannel, torn into five-inch strips and tied with tapes or sewn, will make a sufficient number of bands.

After six weeks the baby no longer needs an abdominal support. It is then replaced by a knitted band, supported from the shoulders with a tab in front, to which the diaper may be pinned.

In purchasing the diapers, there is also a choice of materials, namely, birdseye, outing or canton flannel.

Fortunately, the oldfashioned pinning blanket, with its tight restricting band, has given place to the modern Gertrude. The Gertrude is a flannel slip without sleeves, supported from the shoulders and reaching to the bottom of the dress. It buttons to each shoulder and may be finished around the armholes and neck-line with scalloping, crocheting, or with a simple flat binding.

There should be no harsh finishing around the neck, as it will irritate the skin of the new baby.

Plain Garments.

Corresponding to the flannel Gertrude is the nainsook or batiste Gertrude, made in the same simple way and serving as a covering for the flannel slip. Of both types of Gertrudes, four at least, will be necessary.

The outside dress of the baby varies entirely according to the mother's taste, but the plainer garments are usually the most satisfactory. Six little white dresses should be ample for the needs of the baby. If the dresses and Gertrudes are made 25 inches long, they will afford sufficient protection for the baby's feet.

Little knitted booties are very desirable in cold weather and are, I think, a great deal more satisfactory than stockings.

Long kimono wrappers made of canton flannel, challie or a similar material, are necessary for the baby when the latter is picked up on chilly days. Short knitted sacks, which are very easily and inexpensively made, are also very useful.

*Number 9 in the series appearing in the San Francisco Call each Saturday.

Digitized by Google

Wrap Loosely.

When the tiny baby is picked up it should always be loosely wrapped in a warm, light blanket. Hand knitted or hand crocheted blankets are the most attractive, as well as the most practical, but they also can be made of the different woolen materials.

When the baby is prepared for the night, all of the garments should be changed, and a fresh shirt and diaper put on under the nightgown. Nightgowns of canton flannel, tied at the neck, wrist, and at the foot, with draw strings, may be made at home. It is possible to buy gowns made of a knitted material similar to the shirts, but somewhat heavier, which are very short and warm, and of which the second size is purchased. These will be large enough for the child until at least a year and a half old. Four such gowns complete the layette.

The Baby's Bath.*

The baby's bath needs several conveniences prepared to be the expeditious affair it should be—the bathroom with a small electric heater, a board covering one end of the tub to hold trays, towels and an extra basin; a small clothes rack on which clothes are aired, and a stool on which to place the metal tub in case the rubber bathtub is not used.

The bathing-tray takes the place of the old fashioned be-ribboned baby basket. It consists of a white enamelware tray on which are a soap dish, a glass pot for cotton, one for toothpicks wound with cotton for applicators, a tube of vaseline, a box of talcum powder, a glass jar containing a boric acid solution and a block of soap into which safety pins are stuck, the soapy coating making their use in diapers, etc., more easy. The receptacles and tray can all be washed as often as soiled and present a far more sanitary and attractive appearance than the ordinary baby basket.

Preliminary Washing.

The basin is to be used to wash baby's face, ears, neck and head. Then the baby is well soaped and dipped **slowly** into the water of the bath. This preliminary washing can be done over the edge of the tub, but in either case the face and head should be washed and dried preceding the body washing.

*Number 10 in the series appearing in the San Francisco Call each Saturday.

The corners of the eyes are cleansed with a piece of soft cotton dipped in the boric acid solution. Nothing should be put into the baby's eyes except under medical orders; they are a self-cleansing piece of apparatus.

The baby's nose is best cleansed with a cotton applicator wound so the end is a soft brush and a bit of vaseline rubbed into the nostrils with this. This application softens any dry discharge and is easily removed by the applicator.

Cleansing the Ears.

The ears should be cleansed by a bit of cotton moistened and wrapped over the finger. If the wax is very free it can thus be wiped out of the external canal. Keep even an applicator away from the ear canal.

The mouth may be washed daily with a boric acid solution, but cold water to drink does this equally well.

The baby is best held in its bath by passing the left hand under the back and grasping the shoulders with the second, third and fourth fingers, and the neck and head with the thumb and forefinger. As the baby grows it supports its head and the whole hand passes to the shoulder. The feet are grasped by the right hand and the baby **slowly** put into the water. The temperature of the bath should be 90 degrees and lowered gradually to 85.

Before beginning the bath, the electric stove should be turned off.

Pat It Dry.

The baby is rinsed off with the right hand, special attention being paid to the creases of the body which have previously been well soaped. The baby is then lifted onto the lap where a flannel or crash bathing apron awaits it. It is **patted dry** with soft towels.

A bathing table is useful and serves also as a convenience in changing the baby. The powder, cotton and fresh diapers are kept in pockets, and the table is covered with a firm white canvas.

Powders are used on babies to secure dry creases and should never be used in excess, but rubbed off and not allowed to be "crumby," as they then irritate instead of soothing the skin.

Caution on Vaseline.

Vaseline should not be used where two surfaces meet, as it macerates (over-softens) the skin and makes it more tender. If everything is ready

Digitized by Google

beforehand, ten minutes will cover the actual bathing and dressing of the baby.

Boric acid solution is made by putting two tablespoonfuls of boric acid to a pint of boiling water in a jar. This jar can be filled with boiling water as long as crystals remain in the bottom. For use the clear fluid is poured off in a smaller glass.

"Probably the oldest communicable disease is bubonic plague, more correctly called polyadentis. Africa, Asia and Europe have been its playground and each century has found it prevalent somewhere. There is evidence of its having been a pestilence in the reign of Egypt's earliest kings. Athens lost more than one-third of its population by the plague epidemic of 423-420 B. C. Livy reports it as having destroyed a million persons in Africa in the year 221 B. C. Throughout history the awful trail of mortality from the bubonic plague continues. In round numbers, the total number of people destroyed by this disease would reach considerably over fifty millions."

Cholera and plague in 1921. The "Klinische Wochenschrift" cites some recent official data which state that Australia and America escaped cholera during 1921, while there were 150,000 fatal cases in India and 180,000 known cases of cholera in Russia. Germany had some laboratory infections at Konigsberg. British India paid the heaviest tribute to plague, with 125,000 fatal cases. Netherlands, India, reported 10,000 deaths from it in Java alone; Indio-China, 1000. Manchuria was affected more than the rest of China, and there were 356 cases in Egypt and 1789 in the Senegal. Small foci developed in central South American countries and the Azores and Australia also had cases. A few cases, up to 14 at Constantinople, were observed at Naples, Rome, Venice, Lisbon, Paris and Clichy on the Seine.—Journal of the A. M. A.

MORBIDITY.*

Smallpox.

Nine cases of smallpox have been reported, two from Oakland, two from Shasta County, one from Eureka, two from Ventura County. Santa Ana 1, Maxwell 1.

Typhoid Fever.

Twelve cases of typhoid reported are distributed as follows: Burbank 2, Long Beach 1, Los Angeles 2, Hawthorne, Los Angeles County, 1, Marin County 1, Monterey County 1, San Francisco 2, San Joaquin County 1, Santa Cruz 1.

Cerebrospinal Meningitis.

Whittier 1, U. S. Naval Training Station, San Francisco 1, Riverside 1.

Epidemic Encephalitis.

Ontario reported one case.

Botulism.

Los Angeles reports two cases, causative agent unknown.

Delhi, Merced County, reports two cases, due to infected home canned string beans.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Dec. 23 received by Dec. 26	Week ending			Reports for week ending Dec. 24 received by Dec. 28
	Dec. 2	Dec. 9	Dec. 16		Dec. 3	Dec. 10	Dec. 17	
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal Meningitis	0	2	8	3	3	5	4	3
Chickenpox	86	148	118	74	89	116	94	75
Diphtheria	215	205	171	179	371	399	384	282
Dysentery (Bacillary)	1	0	1	2	5	3	0	2
Epidemic Encephalitis	4	3	3	1	7	2	1	2
Gonorrhoea	171	81	125	87	58	94	155	60
Influenza	17	35	26	21	24	30	16	5
Leprosy	0	1	0	0	3	0	1	1
Malaria	2	5	2	2	1	8	0	0
Measles	21	20	24	21	12	13	14	28
Mumps	20	13	17	15	107	64	95	43
Pneumonia	105	109	96	121	125	89	99	90
Poliomyelitis	0	0	0	0	9	2	8	1
Scarlet Fever	179	174	156	105	174	174	181	151
Smallpox	16	12	4	9	76	157	114	127
Syphilis	110	83	130	56	78	142	109	74
Tuberculosis	96	154	157	75	203	155	147	86
Typhoid Fever	15	19	9	12	19	10	19	8
Whooping Cough	57	51	71	34	31	39	30	24
Totals	1115	1115	1118	817	1396	1502	1471	1063

19991 12-22 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

MEDICAL JAN 12 1923

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 47 JANUARY 6, 1923 GUY P. JONES EDITOR

The State Board of Health and Communicable Disease Control.

The California State Board of Health was organized in April, 1870, and has been in continuous existence since that time. The board is composed of seven duly licensed and practicing doctors of medicine of this state, appointed by the Governor for the term of four years. The members, with the exception of the secretary and executive officer, receive no compensation for their services. The law requires that the board shall meet every three months, but as a matter of fact, the volume of business conducted by the board is so great that it becomes necessary to hold meetings every month and oftener.

The chief function of the State Board of Health lies in the control of the communicable diseases. The law prescribes as the first duty of the board that "it shall examine into the causes of communicable diseases in man, and domestic animals occurring or likely to occur in this state." It has the power to adopt and enforce rules and regulations for the execution of its duties. It may quarantine or isolate, inspect and disinfect persons, animals, property and things of whatever nature, and houses, rooms, places, cities or localities whenever such action shall be deemed necessary to protect or preserve the public health. Although the board is given unlimited powers for the performance of its duties, there is no record, during the fifty-two years of its existence, of the board having abused these powers.

The following communicable diseases, under the law, are reportable and each case must be reported to the local health officer by the attending physician or by any other individual who may have knowledge of the existence of a case of such disease.

Anthrax.
Beri-Beri.
Botulism.
Cerebrospinal meningitis (epidemic).
Chickenpox.
Cholera, Asiatic.
Dengue.
Diphtheria.
Dysentery.
Encephalitis (epidemic).
Erysipelas.
Flukes.
Food poisoning.
German measles.
Glanders.
Gonococcus infection.*
Hookworm.
Influenza.
Jaundice, infectious.
Leprosy.
Malaria.
Measles.
Mumps.
Ophthalmia neonatorum.
Paratyphoid fever.
Pellagra.
Plague.
Pneumonia.
Poliomyelitis.
Rabies.
Rocky mountain spotted (or tick) fever.
Scarlet fever.
Smallpox.
Syphilis.*
Tetanus.
Trichoma.
Tuberculosis.
Typhoid fever.
Typhus fever.
Whooping cough.
Yellow fever.

Of the above diseases, the following are quarantinable:

Cerebrospinal meningitis (epidemic).
Cholera, Asiatic.
Diphtheria.
Encephalitis (epidemic).
Leprosy.
Plague.
Poliomyelitis.
Scarlet fever.
Smallpox.
Typhoid fever.
Typhus fever.
Yellow fever.

During 1921 there were 78,292 cases of communicable diseases reported to

*Reportable by office number, name and address not required.

Digitized by Google

the California State Board of Health, of which number 22,204 cases were of diseases for which quarantine is required. There were but 2565 cases of influenza reported last year, while there were 9465 cases of diphtheria, 5581 cases of smallpox and 5557 cases of scarlet fever. Of the 131,738 cases of communicable diseases reported during 1920, 58,976 of these were cases of influenza.

With these reports there is submitted a vast amount of information that is valuable in the control of the communicable diseases. The compilation of this information and its usage in the control of these diseases constitutes one of the most important activities of the California State Board of Health. The board serves as a clearing house for information pertaining to the communicable diseases and depends absolutely upon the receipt of reports of cases for data upon which measures of control are instituted.

The Status of Smallpox Control.

There is apparently some confusion and misunderstanding relative to the present status of smallpox control in California. Smallpox is now controlled under the regulations of the State Board of Health, the same as other communicable diseases. There is no special legislation with regard to smallpox, with the exception of Chapter 370 of the 1921 Statutes, which repeals the old Vaccination Act of 1911, and provides that no rule or regulation on the subject of vaccination shall be adopted by school or local health boards.

This measure does away with the cumbersome and unpopular Vaccination Act which provided for the exclusion of all unvaccinated persons from attendance upon the school whenever smallpox existed within the school district.

The complex conditions which arose in connection with this old act led to many embarrassing and difficult situations. Under the present law the regulations of the State Board of Health provide a uniform method of regulation and thus the possibilities for confusion and misunderstanding should be eliminated.

A Possible Discovery.

The New York State Department of Health, in its December Bulletin to Health Officers, mentions the fact that a meteorologist with the United States Department of Agriculture, Weather Bureau,at Binghamton, New York, has reported finding a minute red tick infesting house flies. He sent a report of his discovery to the United States Department of Agriculture, as he thought that this tick might possibly bear the relation to an intermediate host in the transmission of poliomyelitis.

Entomology has been and still is one of the strongest and most important component parts of public health. While the discovery of this meteorologist may not result in the finding of the intermediate host in the transmission of poliomyelitis, it is noteworthy that scientifically trained men everywhere are on the alert, hoping to find a solution to the many problems connected with the transmission of disease. It is only through the cooperation of all scientific men that great advances in the health and welfare of human beings can be made.

Two More Fatal Botulism Cases.

The State Board of Health has recently investigated two fatal cases of botulism that occurred in one of the interior counties.

It appears that the consumption of home canned beans which were very heavily infected with botulinus-toxin is responsible for these deaths which were in a mother and her child. Contents of the home canned product, thrown out to be eaten by chickens, caused limber neck in the fowls, killing the entire flock.

Health officers throughout the state are requested to advise the residents of their communities, through the newspapers, not to eat any canned goods that show signs of spoilage. The spoiled contents should not be thrown out on the ground where they may cause the infection of the soil with botulinus bacilli, making new foci for the spread of the infection. It is true that the contents of canned goods which show spoilage may be eaten with safety, if such contents are thoroughly boiled for at least five minutes; but who wants to eat spoiled food?

California Raises Country's Largest Children.

California children, six years of age and under, are on the average one-third of an inch higher in stature and three-quarters of a pound heavier in weight than children of the same age group in other states. This fact has been established through computations made by the Children's Bureau of the United States Department of Labor. The height and weight rec-

ords of no less than two million children in the United States were used as a basis for these computations.

Children, fortunately, have always been considered California's most important and most valuable crop, and climate plays just as important a part in the growth of children as it does in the development of agricultural crops. Out-of-door life the year round, the use of fresh vegetables and fruits during both winter and summer, the availability and general use of pure, fresh milk and other dairy products, are the chief contributing factors to the greater height and weight of California children. These same factors also have a great deal to do with making the death rates for California infants and children much lower than are similar rates in other states. The many unofficial as well as official organizations dealing with the conservation of child life are also important factors in promoting the health of our children.

California has developed more remarkable athletes of the record making kind than have most of the other states. Baseball and football players, as well as those prominent in other branches of athletics, are continually being drafted from California, and the skill of our athletes has become known the world over. This increased growth in height and weight during early life may play a considerable part in the making of our athletes. Favorable, early growth helps in the development of a strong, healthy body.

Bodily strength and vigor do not prevent either children or adults from contracting communicable diseases, however. To be sure, a strong constitution can better withstand an attack from a communicable disease, but it plays no part whatsoever in preventing the contraction of the disease. California children suffer from the communicable diseases the same as do children in other states. The fact that they are taller and heavier is no factor in disease prevention. It is of the greatest importance that everything possible should be done to safeguard our children, especially against measles, whooping cough, scarlet fever and diphtheria. The damage that these diseases do in early life is very great, but the after-effects that follow in adult life are much more extensive and more serious.

Since we have an advantage over other states, in that our children are taller and heavier, we should exert every possible effort to conserve child life in California. Pre-natal care, the prevention of the communicable diseases, the promotion of personal hygiene, early discovery and correction of physical defects, and the development of recreational activities and sports, are all of great importance and should be fostered at every opportunity in order that the children of California may always be robust, healthy and happy.

PRE-NATAL TALK.*

The Nursery.

Full preparations for the little stranger mark the days when the care comes on the young mother and her strength is less adequate and her experience limited.

The sunniest room in the house should be the baby's nursery. In San Francisco a room that can be ventilated by a south or east window is more equable. An open fireplace always gives perfect, even ventilation, whether the fire burns or not.

The bed may vary from a draped and bowed bassinet to a splint clothes basket, painted white and fastened to a stand.

Dotted Swiss lining over a color or white makes this simple bed attractive. An individual bed for the baby is the essential thing. No baby or child should ever sleep wth an adult.

The mattresses should be firm—hair is best—and protected by a rubber covering and stitched bed-pad, bought by the yard, and bound, or a home-made pad, made of cheesecloth and cotton. No pillow should be used under a year, and then a thin hair pillow is best. Down pillows are too hot and are dangerous to put a small baby on, as the baby can be suffocated by turning with the pillow unobserved.

Sheets and light blankets, best made of eiderdown flannel, double-faced, complete the little bed. The bed clothes should be sunned several hours each day. The bath tray can be used in changing the baby.

If a formula fed baby, a feeding tray should contain a rack for bottles, cold boiled water for drinking, measuring glass, sugars used and a tablespoon, two pitchers for mixing broth and funnel for filling bottles, and cotton to seal bottles.

The baby should go to sleep always in a quiet, dark room, well ventilated. These systematic preparations make the baby's care more simple and more efficient for both baby and mother.

Many days the tiny baby's outing can be taken in the beaming sunshine of a wide opened window—the baby being dressed in coat and cap as it would be out of doors.

*Eleventh in a series published in the San Francisco Call every Saturday.

Digitized by Google

Some people say if the working man's wages were raised his health would be improved. It is still truer that if his health were improved, his wages would be increased.—Irving Fisher.

The physician must be able to tell the antecedents; know the present, and foretell the future—must meditate these things, and have two special objects in view with regard to disease, namely, to do good or to do no harm. The art consists in three things—the disease, the patient, and the physician. The physician is the servant of art, and the patient must combat the disease along with the physician.—Hippocrates.

Ignorance is the chief ally of disease, and by dispelling ignorance we can best protect ourselves. Only men and women ignorant of the purposes of health officers oppose their work and put obstacles in their way, and such men and women do not always dwell in pretentious quarters of the town. If such ignorance exacted its own penalty only from the ignorant, the case would be pitiful enough, but actually it menaces the whole community in which it exists.—New York Sun.

The employer, if he is wise, will concern himself with all the recommendations and suggestions laid down in the peace conference as to hours of labor, sanitary conditions, protection of women and children, and the general welfare of the laboring men. There can be no permanent or satisfactory industrial development which is not founded upon the welfare of the laboring population which maintains it.—Sir Robert Borden.

In the relation of human lives to the material concerns of industry, let us remember that, precious as gold may be, there is nothing so precious as human life. Where, if ever, the claims of industry and humanity conflict, let us remember that industry exists for the sake of humanity, and not humanity for the sake of industry.—Hon. W. L. McKenzie King.

MORBIDITY.*

Smallpox.

Seven cases of smallpox have been reported, Inyo County reporting two and each of the following localities reporting one case: Chico, Colusa County, Eureka, Oakland and Ventura County.

Typhoid Fever.

Five cases of typhoid have been reported, distributed as follows: Lake County 1, Los Angeles County 1, Oakland 1, San Benito County 1, San Francisco 1.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

Leprosy.

San Francisco reported one case of leprosy.

Epidemic Encephalitis.

Berkeley and Los Angeles County each reported one case of epidemic encephalitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Dec. 30 received by Jan. 2	Week ending			Reports for week ending Dec. 31 received by Jan. 4
	Dec. 9	Dec. 16	Dec. 23		Dec. 10	Dec. 17	Dec. 24	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	8	3	1	5	4	3	3
Chickenpox	148	118	85	41	116	94	84	46
Diphtheria	205	171	210	110	399	384	305	234
Dysentery (Bacillary)	0	1	2	0	3	0	6	0
Epidemic Encephalitis	3	3	1	2	2	1	2	3
Gonorrhoea	81	125	97	42	94	155	66	64
Influenza	35	26	25	13	30	16	10	15
Leprosy	1	0	0	1	0	1	1	1
Malaria	5	2	2	2	8	0	0	1
Measles	20	24	25	20	13	14	31	13
Mumps	13	17	15	5	64	95	46	28
Pneumonia	109	96	128	41	89	99	122	104
Poliomyelitis	0	0	0	0	2	8	3	2
Scarlet Fever	174	156	132	75	174	181	160	82
Smallpox	12	4	12	7	157	114	132	126
Syphilis	83	130	63	35	142	109	78	40
Tuberculosis	154	157	89	59	155	147	95	110
Typhoid Fever	19	9	19	5	10	19	11	9
Whooping Cough	51	71	36	26	39	30	36	21
Totals	1115	1118	944	485	1502	1471	1191	902

19991 1-23 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 48 JANUARY 13, 1923 GUY P. JONES EDITOR

Case of Yaws Found in California.

A case of yaws appeared recently in California and information is desired from physicians and health officers throughout the state relative to the possibility of other cases having appeared at some previous time. Dr. Harry E. Alderson of the Stanford University Medical School has requested the State Board of Health to submit the following questionnaire to readers of this publication. Replies should be sent to the State Board of Health, Division of Epidemiology, 720 Wells Fargo Building, San Francisco.

1. Have you seen any cases of yaws in California? How many?
2. If so where was the disease contracted?
3. Nationality of patient?
4. Character of lesions?
5. Was Wassermann test made?
6. Were examinations made for spirochetes?
7. How was the diagnosis established?
8. What was the treatment?
9. Results of treatment?
10. Remarks.

Yaws, a tropical disease, closely resembles syphilis, but is entirely distinct from that disease. It is not a "venereal" disease. The infection is caused by the *Trempona pertenue* and is transmitted, nearly always, by direct contact. Salversan products are used successfully in the treatment of the disease but mercury is of no value whatsoever. A few cases have been reported from the southern part of the United States. The disease is found in many of the Pacific Islands and is common in most tropical countries.

Camp Sanitation Regulations Amended.

At its regular meeting held in Sacramento, January 6, 1923, the California State Board of Health amended rules 3 and 5 of the Regulations Governing Campground Sanitation, adopted December 4, 1920, to read as follows:

Rule 3. Fly-tight privies or water-flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for men and women shall be provided, one for each 25 men, and one for each 25 women, or fraction thereof, of the maximum number of persons occupying such tract at any time. No camp or picnic spot within such tract shall be at a greater distance than 400 feet from both a men's and a women's toilet. The location of all toilets shall be plainly indicated by signs.

Rule 5. The method of final sewage or refuse disposal utilized in connection with the operation of any camp or picnic grounds shall be such as to create no nuisance. *A sufficient number of iron hoppers or basins, connected with sewerage systems or covered cesspools, to be used for the proper disposal of domestic waste waters shall be provided.*

Public Health and Human Welfare.

Dr. Ray Lyman Wilbur, President of the American Medical Association and President of Stanford University, recently delivered an address at the Annual Conference of California Health Officers at Stanford University. This conference was held in conjunction with the annual convention of the League of California Municipalities and Dr. Wilbur's address was given before a large group of city and county officials. Space is available in this publication for ex-

Digitized by Google

cerpts only from Dr. Wilbur's forceful talk. In the course of his remarks he made the following statements:

We carry the burden of the sick. Everybody that has a reserve, financial or physical, must put it in to carry the great burden of the insane, the weak, the syphilitic. We all have to put in our share. We put too much into carrying the burden, and too little in trying to reduce it. We could reduce it if we would go at the problem with these essential things before us. And it is a public as well as an individual duty to reduce the size of the terrible burden that we all must carry in connection with the lack of proper attention to the public health.

I could go on and discuss the problem of accidents, safety-first methods, surgery and industry, and all of those various other measures that are of such great importance. But I want you, just as community men, with community responsibilities, to stop and think in terms of your duty and responsibility in connection with the one most valuable asset in our civilization, and that is the child—the child of today. The health of that child is the greatest asset of the nation. So that the health of the school child and the education of the school child are the most important things before you as public officials. If you save on the schools, if you save on the health of the child, you may not live to pay for it, but that child will have to pay for it. You have not given the child proper service. You have got to figure in terms of what that child will be when twenty or thirty years have rolled by. Will that child be in the insane asylum? Will it be a worthless bum, because infected with venereal disease? Will it be crippled because it has had diphtheritic paralysis? Or will that child be sound, wholesome, a good citizen, working and trying to advance the welfare of the community? * * *

We have to learn that our most important problems are problems concerning the public health. The world is in a great turmoil. Europe has had its standard of living pulled down. Ours is the highest standard in the world. We have inherited a great continent and had great margins. But we must realize that the problem of our returned soldier today is much more complicated than it was after the civil war, when we had the great territories at our command practically uninhabited. That applies to all life. Our margins as an economic nation have been reduced. The necessity for meeting these problems has been increased. We have to be intelligent about it, whether we want to or not. We must meet it, if we are to win out.

Now, great success has been made along the line of public health. People live longer than they used to, because we have learned what some of the rules are. More babies live. In this country we live twenty years longer than we did in George Washington's time. And that is because we have learned the methods of death, so to speak, and we have learned how to avoid them. So we are making great and unusual progress, and at the forefront of that progress stands the group of men in connection with our great institutions, our universities that are studying all the time to find out new things about these fields, to put light in the dark places. And we find here one of the most remarkable phenomena in human nature. Here we have made all this progress so that we are able to go out into the San Joaquin Valley and set up a community which can grow to two thousand people at the end of two years. We can make it safe. We can get rid of flies and mosquitoes, we can make the water safe to drink, bring in good food—we have learned all the rules. We can keep smallpox out, if we want to, we can dodge cholera and all other things that we might have expected in years gone by. We have found out what to do by steady experimentation in our universities and our laboratories, because we have about the best brains in the community there. * * *

Through medicine, public health has reached the stage today where it is a matter of dollars and cents. It is purchasable. You can buy it for your community. Goethals, for a cent per person per day, brought health for the canal zone. Chicago, at the same time, was spending twenty-one cents per year per person, and had fifteen thousand preventable deaths per year. If they had just put in the money that was put in the Panama Canal Zone, they could have arrested all that waste of land that went into cemetery lots. You can put it just as you like, but if we want to reach the proper position in the matter, the only way to succeed and progress is by remembering something which was said a long time ago, that a healthy mind in a healthy body is the first essential. This gets truer every year.

So it is your problem in your communities to see that you purchase enough of this commodity for your people. You have got to see further than the ordinary individual, you must study out the things that make for sound human beings, and you have got to start in with

Digitized by Google

the school children above all things. You must oppose prejudice, misunderstanding, and all that sort of thing. Is there any other solution? You know perfectly well there is none. That is the only solution, to take the information that we have, add to it, and do the best we can. We are a democracy. It takes a long time to educate the members of our democracy, but we must keep at it. Disraeli, the great Englishman, said: "The first consideration of an enlightened statesman should be the health of the people." Isn't that right? It is the first consideration. What is all the rest about? What is the good of having beautiful streets if you are dead? What do you want of wonderful city planning, if half your people are going to die off early and not see the results? The first thing is to get the public health up, make your community that kind of a community. If you are only interested in people paying taxes, just remember that they pay them longer if they are alive. So, looking at it from any angle that you want, that becomes the primary thing, and you have got to interest yourselves in it.

We all know, when we meet the immediate consequence of a single bereavement, of a single sickness, of a child dying, and that sort of thing, how it appeals to our hearts. The difficulty is, we don't analyze it. We are still primitive. We don't analyze and say, "Was this a preventable death in this community? Is this one of the things that nature demands of us, or is it a thing we could have stopped?" When you look over the death rate and look over the funeral notices, just think in terms of the persons involved, and what it means. And when you think in those terms you will become real servants for your community in public health.

PRE-NATAL TALK.*

The Obstetrical Nurse.

The nurse who is engaged early in the pre-natal period is offered the opportunity of meeting her patient and winning her confidence and friendship. She may call upon her at leisure and prove no end of help to the obstetrician in explaining and emphasizing the details of care which help the welfare of both the babe and expectant mother. She must be prepared to assist in the selection of the babe's layette and be ready to advise the mother in the matter of clothing for herself.

*Twelfth talk in series published every Saturday in San Francisco Call.

To the nervous, sensitive woman, a sympathetic, serious attitude in explaining and dispelling superstitions and depressing beliefs will be a great comfort.

Duties of Nurse.

During the period of labor the nurse should have an intelligent understanding of what is taking place. Here, again, she will prove helpful to the doctor and patient. She must be adaptable to individuals, gentle, cheerful, encouraging and sympathetic always. With the nervous, hysterical patient she must be calm and reassuring but firm.

Following delivery it is the duty of the nurse to provide comfort and quiet for the new mother, create a cheerful, happy atmosphere and guard her against unpleasantness. She must impress her with the importance of mother's milk for the new baby and establish a routine which can be easily adhered to in the new home.

At the end of the second week the nurse accompanies the patient to her home. Here she must be adaptable to surroundings, unobtrusive and considerate of servants.

Work in Kitchen.

It is almost always necessary for the nurse to be in the kitchen for a short time each morning. The preparation of food, sterilizing, etc., make this unavoidable. It is well to choose a time for such work when the cook is engaged elsewhere; confusion and unpleasantness will therefore be avoided.

The trip from hospital to home is somewhat of a strain upon the patient. She must be put to bed upon her arrival and be persuaded to remain there during the greater part of the twenty-four hours following.

The second day the nurse should invite the new mother into the nursery and step by step introduce her to the daily routine. Instructions should be painstaking and thorough. The nurse must remember that everything she does is watched and carefully imitated. She must therefore guard against faulty technique and do her work quietly and systematically.

Transfer Responsibility.

When the nurse feels that her duties have been thoroughly explained and demonstrated, the responsibility of the new babe should then become the mother's. After this the nurse may play the role of pupil and interfere only when errors are made.

At the termination of this, the third week, it is assumed that the mother is capable of caring for her own child.

Digitized by Google

Her joy and willingness in accepting the responsibility is the best proof of the nurse's efficiency.

After a few weeks a call on a happy mother and babe repays the nurse for her effort to leave them both well.

Death Rates of Mothers from Childbirth, 1921.

The Department of Commerce announces that the compilations made by the Bureau of the Census show lower death rates of mothers from childbirth or puerperal causes in 1921 than in any year since 1917.

For the nine states and the District of Columbia (constituting the "Birth Registration Area" of 1915, exclusive of Rhode Island), the death rate from puerperal causes in 1921 was 6.5 per 1,000 live births, as compared with 7.6 in 1920, 6.8 in 1919, 8.9 in 1918, 6.3 in 1917, 6.2 in 1916, and 6.1 in 1915. The relatively high rates for the years 1920, 1919, and 1918 were doubtless due, for the most part at least, to the epidemics of influenza which prevailed in those years and which took heavy toll of pregnant women. The ratio of deaths from childbirth to the number of women bearing children in the year 921 was about 1 to 150.

Of the 27 states for which figures are available, South Carolina has the highest 1921 death rate from puerperal causes (9.8 per 1,000 live births) and Connecticut the lowest (5.3).

Rates for the white and colored are shown for only the six states of Kentucky, Maryland, Mississippi, North Carolina, South Carolina, and Virginia. For 1921 the highest rate for the white (7.8) appears for South Carolina and the lowest (5.7 each) for Kentucky and Virginia, while for the colored the highest rate (14.8) appears for Kentucky and the lowest (9.6) for Maryland.

MORBIDITY.*

Smallpox.

Twenty cases of smallpox have been reported, distributed as follows: Eureka 3, Fresno County 1, Los Angeles 1, Madera 2, Modesto 2, Oakland 1, Orange County 1 Sacramento 1, San Francisco 2, Santa Paula 3, Stanislaus County 2, Ventura 1.

Typhoid Fever.

Six cases of typhoid have been reported from the following localities: Eureka 1, Huntington Park 1, Imperial County 1, Los Angeles 1, San Francisco 1, San Luis Obispo County 1.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, Los Angeles reporting 1 and San Francisco 2.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922–1923				1921–1922			
	Week ending			Reports for week ending Jan. 6 received by Jan. 9	Week ending			Reports for week ending Jan. 7 received by Jan. 11
	Dec. 16	Dec. 23	Dec. 30		Dec. 17	Dec. 24	Dec. 31	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	8	3	1	3	4	3	4	2
Chickenpox	118	85	79	147	94	84	61	123
Diphtheria	171	211	190	130	384	305	256	266
Dysentery (Bacillary)	1	2	1	0	0	6	0	0
Epidemic Encephalitis	3	1	2	0	1	2	3	0
Gonorrhoea	125	97	61	113	155	66	67	131
Influenza	26	25	18	19	16	10	20	40
Leprosy	0	0	1	0	1	1	1	0
Malaria	2	2	2	1	0	0	1	2
Measles	24	25	32	57	14	31	15	10
Mumps	17	15	12	11	95	46	36	83
Pneumonia	96	128	60	72	99	122	143	97
Poliomyelitis	0	0	0	0	8	3	3	2
Scarlet Fever	156	132	119	118	181	160	120	94
Smallpox	4	12	11	20	114	132	136	128
Syphilis	130	63	84	92	109	78	41	83
Tuberculosis	157	89	159	141	147	95	114	150
Typhoid Fever	9	19	7	6	19	11	11	7
Whooping Cough	71	36	47	70	30	36	30	28
Totals	1118	945	906	1000	1471	1191	1062	1246

19991 1-23 5700

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 49 JANUARY 20, 1923 GUY P. JONES EDITOR

FOUR COUNTIES ORGANIZE FULL TIME HEALTH DEPARTMENTS.

Monterey, Orange, San Joaquin and San Luis Obispo counties have organized full-time county health departments, and have appointed full-time medical health officers to supervise their public health work. San Joaquin County is the first in the state to organize its health department under the local health district act, by which all incorporated and unincorporated territory in the county comes into a single public health unit, administered by the full-time county health officer and governed by a board of trustees, upon which board there is a representative of every incorporated city within the county, as well as representatives from the unincorporated territory. Nearly two thousand electors of San Joaquin County signed the petition for the organization of the department. Stockton, Lodi, Tracy and Manteca have joined with the rural districts in taking this advanced step for the promotion of health and human welfare throughout San Joaquin County.

Orange County has about perfected the organization of its full-time department and has appointed Dr. W. Leland Mitchell as health officer. Dr. Mitchell has had excellent training in public health, and has had extensive experience.

San Joaquin County has completed its full-time health organization and some of the incorporated cities within the county have joined the health unit. Dr. Lewis F. Badger has been appointed county health officer and is already at work.

Monterey County has appointed Dr. B. T. Tally as county health officer and the public health activities of this county are starting with vigor and enthusiasm.

The minimum unit for a full-time county health department in California consists of a full-time physician as health officer; a public health nurse; a sanitary inspector and an office clerk, each of whom must devote full time to the duties of his office. A minimum appropriation of $10,000, annually, is required in the proposed county budget. Modern conditions must be met with by the use of modern methods. The increased opportunities for the spread of contact diseases have grown tremendously since modern methods of transportation have done away with the isolation of remote communities. The opportunities for the spread of contact diseases are vastly greater today than they were ten years ago. With a full-time health officer and a public health nurse and a sanitary inspector constituting a flying squadron, a large amount of preliminary epidemiological work can be accomplished before calling upon state or federal health authorities for assistance. There is no reason why an outbreak of the more common communicable diseases can not be brought under control through the investigation and supervision of the local department, independent of state action. Under the ideal plan, the

Digitized by Google

state should contribute only the expert technical assistance that the local community is unable to provide.

Rabies Widely Prevalent in State During 1922.

The following table indicates in which counties of California rabies appeared during the past year:

Rabies in California, 1922.

County	Cases in Animals	Cases in Humans
Alameda	35	--
Contra Costa	5	--
Inyo	2	--
Kern	2	--
Kings	6	--
Lassen	1	--
Los Angeles	427	4
Modoc	1	--
Monterey	1	--
Orange	15	--
Placer	2	--
Riverside	18	--
Sacramento	1	--
San Bernardino	18	--
San Diego	3	--
San Joaquin	3	--
Siskiyou	1	--
Solano	1	--
Stanislaus	2	--
Totals	544	4

The State Board of Health provided treatment to 282 persons who were bitten by rabid dogs. According to such information as is now available, more than 400 individuals in California were given this treatment last year. The commercial laboratories that manufacture the virus used in the administration of the anti-rabic treatments sold almost as much of this product in Los Angeles as the state provided free of cost.

The following table shows that rabies was more prevalent in California last year than ever before in the history of the state:

Rabies in California, 1910-1922.

Year	Cases in Animals	Cases in Humans
1910	18	3
1911	67	18
1912	531	14
1913	419	11
1914	228	4
1915	66	5
1916	197	1
1917	41	--
1918	29	--
1919	75	--
1920	176	4
1921	124	5
1922	544	4

Another Typhoid Carrier Discovered.

Two men who were engaged in the repair of telegraph lines in the southern part of the state contracted typhoid fever last month. Both of these patients ate and slept in two company cars that were attached to freight trains and moved about from place to place as occasion required. There were sixteen men in the crew besides the foreman, his wife, the cook and her helper. The sanitary provisions on the cars were good and the outfit appeared to be well conducted. The food was well prepared and of excellent quality. The quarters were kept clean. The members of the crew were provided with individual towels, hot and cold water and shower baths. The water supply was carried in a tank car which was attached to the dining car.

Investigations into the food and water supplies made by the representatives of the State Board of Health, brought only negative results. In the course of the investigations it was learned that the cook had typhoid five years ago. Further investigations determined the status of the cook as a carrier, and the necessary restrictions for the protection of the public health were imposed immediately. Under the agreement, the carrier will not engage in the handling or preparation of foodstuffs to be consumed by persons other than herself. She agrees to submit specimens for examination at stated intervals, in order to determine her status as a typhoid carrier. She further agrees to report to the local health officer within whose jurisdiction she may reside. This woman has been a resident of several states since her attack of typhoid five years ago, and the investigation is being carried into these states in order to learn if the members of other working crews where she was employed may have contracted the disease from her.

Kings County Dogs Must Be Vaccinated.

Kings County has recently passed an ordinance which requires that all dogs within the county be vaccinated against rabies by the new one-injection method, or else be confined upon the premises of their owners. Within a few days after the adoption of the ordinance more than 350 dogs had been vaccinated and about 100 stray dogs had been killed. The ordinance is being most rigidly enforced.

The establishment of a county pound and the appointment of a pound-master have been authorized

Digitized by Google

by the county board of supervisors. The pound-master will work under the direction of the county health officer, Dr. E. C. Bond, and the county veterinarian, Dr. Frank Griffith. The effective methods used in Kings County for the control of rabies is well shown through the fact that following the appearance of a single case of the disease in a dog last December, sixteen sections of the county were immediately placed in quarantine, in order that the further spread of the disease might be stopped.

The quick adoption and thorough enforcement of control measures such as these are effective in producing results, not only in the protection of live stock, but also in safeguarding the health and promoting the happiness of the residents of the county.

PRENATAL TALK.*

San Francisco has a unique position in the fact that for all mothers hospital care of the best is accessible.

More mothers avail themselves of hospital care in San Francisco than in any other city of its size in the United States. In 1919, 57 per cent of the babies were born in hospitals.

For the mother whose budget is limited and who can not arrange for care under one of the various outpatient services where doctor and nurse are sent free of charge for the confinement and after-care, our San Francisco Hospital offers perfect care. That maternity ward, streaming with sunlight, spotless in every detail, and its adjacent nursery, where the new babies are most carefully regulated and cared for, is worth a visit.

Good Start, Slogan.

Every citizen—man or woman—will insist on an adequate health budget when he sees what care means to the less fortunate mothers and babies. A good start in life is surely the slogan of that ward.

For the family of more certain income, but whose finances still need to be closely conserved, several hospitals, notably Lane, the University of California, the Children's Hospital and Mt. Zion, have house service rates where modern care can be secured within the reach of the moderate ability to pay. The hospitals of these two groups supply careful prenatal care to their house cases, and connect the baby with their well-baby clinics, so that the young mother can rely on their interest and support through the uncertainties of the first months of baby's life.

Care of Physician.

In the next group of hospitals come those which take patients of private physicians, and there the care ranges in price from $5 per day up, according to the demands of the patient, or the extreme necessities of the difficult case. The price for medical service is arranged between the patient and the physician, and the prenatal care is done by the physician. Stanford, Children's, St. Mary's Help, Mt. Zion, the St. Francis, St. Luke's, and several others all maintain this type of service, and in each one the outlay can be adjusted by the circumstances of the case.

Home care can be arranged for the non-self-sustaining home through the Stanford and the University of California obstetrical clinics, and through Mt. Zion. In some cities, as Los Angeles, this service is given under the Board of Health, but in San Francisco is dedicated to the medical school service. The services of doctor and nurse are given daily for ten days or longer if necessary, and the baby and mother referred back for later guidance and care. The prenatal care is done at the hospital clinics by a visiting nurse, and in each case is excellent.

Services of Nurse.

In the adequately self-sustaining home the nurse is often on duty to care for the mother and baby and supervise the household. Often a mother or a sister comes to help out, and where the nurse is capable and adaptable and has clearly in mind the essentials of good care, she swings this household well, even to cooking for herself and patient.

Although the twelve-hour law for trained nurses has come to stay, the trained nurse who "likes baby cases" is not yet a lost variety, and some mothers prefer to have the baby at home and avail themselves of this highest grade of service. The trained attendant or household assistant who can come in when the trained nurse leaves, or who can take charge of the household while the mother and baby are at the hospital and care for them for a week on their return, is the great need in the present situation.

To provide good care is the father's duty.

*Fourteenth in series published each Saturday in the San Francisco Call.

Digitized by Google

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

MORBIDITY.*

Smallpox.

Twenty-seven cases of smallpox have been reported, the distribution being as follows: Colusa 1, Eureka 1, Fresno 2, Glenn County 1, Inyo County 3, Los Angeles 7, Oakland 4, Oxnard 1, Santa Clara County 2, Santa Paula 1, Siskiyou County 2, Stanislaus County 2.

Typhoid Fever.

Eight cases of typhoid have been reported from the following localities: Los Angeles 2, Modoc County 1, Oakland 2, Orange County 1, Richmond 1, Riverside 1.

Cerebrospinal Meningitis.

Eureka reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

Three cases of epidemic encephalitis have been reported, one each from Napa County, Pasadena and San Francisco.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922–1923				1921–1922			
	Week ending			Reports for week ending Jan. 13 received by Jan. 16	Week ending			Reports for week ending Jan. 14 received by Jan. 18
	Dec. 23	Dec. 30	Jan. 6		Dec. 24	Dec. 31	Jan. 7	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	4	1	3	4	2	0
Chickenpox	85	81	167	136	84	61	123	88
Diphtheria	211	191	158	176	305	256	272	211
Dysentery (Bacillary)	2	1	0	0	6	0	0	0
Epidemic Encephalitis	1	2	0	3	2	3	0	1
Gonorrhoea	97	61	127	157	66	67	132	85
Influenza	25	18	33	42	10	20	43	17
Leprosy	0	1	0	0	1	1	0	0
Malaria	2	2	1	3	0	1	2	1
Measles	25	32	63	48	31	15	11	14
Mumps	15	12	11	15	46	36	83	86
Pneumonia	128	80	125	145	122	143	99	58
Poliomyelitis	0	0	0	0	3	3	2	1
Scarlet Fever	132	119	142	139	160	120	107	93
Smallpox	12	11	24	27	132	136	134	161
Syphilis	63	84	100	124	78	41	83	43
Tuberculosis	89	159	162	138	95	114	151	92
Typhoid Fever	19	7	9	8	11	11	9	5
Whooping Cough	36	47	83	105	36	30	29	46
Totals	945	909	1209	1267	1191	1062	1282	1002

CALIFORNIA STATE PRINTING OFFICE

19991 1-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 50 JANUARY 27, 1923 GUY P. JONES EDITOR

THE PREVENTION OF COMMUNICABLE DISEASES IN CHILDREN.

By WALTER M. DICKIE, M.D.

A physically handicapped child can not be educated properly. Health in school children is the first requisite. Any system of education which overlooks and neglects the health of the pupil works an injury and an injustice upon the child. Health comes first. Physical defects in children should be corrected before they enter school, and during school life every opportunity for the promotion of child health and every safeguard against the inroads of communicable diseases must be provided. The greatest thing in the world is human life. The next greatest thing in the world is education—spiritual, physical and intellectual. The foundation for all educational work rests upon the soundness of the human body. Unless the foundation is strong the whole structure of education will fall.

The people of California are awake to these facts, as is well demonstrated in the continued activity in the promotion of public health and physical education. This awakened interest began during war days, at the time of the first draft, when it became known that a large percentage of young Americans were unfit for military service because of their many physical defects. The realization of this fact constitutes perhaps the greatest single benefit that this country derived through its participation in the World War. Official and unofficial health organizations sprang up everywhere during those eventful days, and have continued since that time without abatement. Whole communities are now organized for the promotion of health, principally child health. The schools have provided a remarkable field for this type of work, and boards of education throughout the state are not only starting new machinery for promoting the health of the school children, but they are also expanding and elaborating upon machinery that is already provided. Our citizens realize fully their duties and responsibilities in connection with this, our most valuable asset, the child. They realize that the health of the school child and his education are the most important things in all community life. Making children sound, wholesome citizens is the chief business of our civilization.

The factors that have to do with the general program in the promotion of child health are local. Nutritional problems, routine physical examinations, the teaching of personal hygiene, and similar factors, are, strictly speaking, within the province of the local educational authorities. The control of the communicable diseases, however, is absolutely and entirely within the province of health departments. The prevention of communicable diseases and their control are so important and have so much to do with the health and happiness of the child after he has developed into an adult that I wish to emphasize their importance to you at this time.

Digitized by Google

Diphtheria, scarlet fever, measles and whooping cough are the most disastrous diseases of childhood, and they are largely responsible for the development of harmful after-effects that manifest themselves in later life. During the past two years more than 50,000 cases of these four diseases have been reported in California. Eighteen thousand of these were cases of diphtheria, 11,000 cases of scarlet fever, 15,000 cases of measles and 6000 cases of whooping cough. Actually, there were many more cases of these diseases that occurred—probably twice as many. The 2000 deaths from these four diseases are relatively insignificant in comparison with the 100,000 cases which will probably constitute the principal factor in the production of many thousands of physically handicapped adults in California, each year, during the next decade. Dr. Victor C. Vaughn, one of the most reliable public health authorities in the country, says: "It is not oversanguine to claim that if measles, whooping cough, diphtheria and scarlet fever could be entirely suppressed, the average length of life would be increased at least ten years." Investigations recently conducted by some of our most eminent medical and public health authorities prove that the after-effects of these communicable diseases are very serious. Injuries inflicted on the kidneys, the nervous system, the circulatory system and the pulmonary system by the communicable diseases of early life are usually permanent. The remote effects of these diseases are not reflected in the death certificates of many patients, in which the cause of death is given as heart, kidney or pulmonary diseases. The real cause of death, a communicable disease contracted in childhood, is generally lost sight of.

The prevention of communicable diseases and their control constitutes an administrative problem. There must be public health machinery to conduct this work. Such machinery can not function properly, however, without the full cooperation of the general public. Voluntary action upon the part of parents can accomplish much in preventing the spread of the communicable diseases. Every sore throat should be regarded as serious, and no child suffering from a sore throat should be permitted to mingle with other children. Most communicable diseases of childhood manifest themselves, in the beginning, with the symptoms of a common cold. Children showing such symptoms should be kept away from other children as soon as the symptoms first appear. It is during the early stages that most of these respiratory infections are most highly communicable. All parents and teachers should remember this fact. Their cooperation in the enforcement of simple control measures can assist public health authorities greatly.

Greater cooperation upon the part of physicians in the control of these diseases is also needed greatly. In fact, the greatest responsibility for the enforcement of measures in the control of diphtheria and scarlet fever rests upon the physicians who attend cases of those diseases. The medical profession must give careful attention to the official regulations for the control of diphtheria and scarlet fever. Without such cooperation public health authorities are helpless in reducing the prevalence of these diseases that have so much to do with the development of other diseases in adult life. Promptness in making diagnosis and in reporting, strict observance of quarantine during the whole period, stimulating the cooperation of the patient and his family in adhering to the regulations of the health department, are all of great importance in reducing the prevalence of these diseases. With the full support and unreserved interest of the profession, it is possible to obtain much greater results, which will reflect not only to the honor of medicine, but which will go far in maintaining our children's health and in making of them strong, sturdy, healthy citizens.

Bringing our children into healthy, happy, efficient and useful adult life is the ultimate goal of our whole civilization. Through cooperation in the prevention of communicable diseases we can accomplish much more than we are now accomplishing in reaching this much to be desired goal. Education is the driving power by which this goal may be reached; but the health of the human being is the machine, itself. I would urge you to throw out every safeguard in protecting this most valuable piece of machinery, in giving it every care, and making it the means for developing a better citizenry. The health and happiness of the people of California ten or twenty years from today depend very largely upon what we do today in the promotion of child health. If we save on the health of the child today, we may not suffer for it, but the child will suffer. We must not neglect the accomplishment of any activity that will make him a sound, substantial, useful citizen who will continually work for the advancement of human welfare in the community.

Digitized by Google

VITAMINS IN ICE CREAM.

By M. E. Jaffa, M.S., Consulting Nutrition Expert, California State Board of Health.

When discussing vitamins in ice cream the opinion has been ventured that if the milk and cream incorporated in the manufactured product were from cows fed a vitamin rich ration that the potency of these respective vitamins would not be lowered in the finished article. On the other hand, if the milk and cream were from cows fed on a vitamin poor ration the ice cream would be correspondingly poor in the important dietary essentials.

It is very gratifying to note in the issue of the Journal of the American Medical Association for December 30, 1922, an article by Dr. A. H. Smith on "Vitamins in Ice Cream." The investigation was carried on in Dr. Mendel's laboratory with a view of ascertaining whether or not during the process of manufacturing the ice cream the potency of the respective vitamins would be lowered. The usual method of procedure was carried out for such studies and the results are interesting, valuable and at the same time confirm the opinion which has been held previous to such actual experimentation.

The summary of Dr. Smith's work is as follows:

Vitamin A was present in the typical samples of ice cream in such concentration that one may conclude that no noteworthy alteration in its potency is caused by pasteurizing or freezing. Normal growth was induced by 1 gm., of the ice cream, and ophthalmia was cured by 0.25 gm., containing 25 gm., containing 25 mg. of butter fat.

The vitamin B of the ice cream can be accounted for by the equivalent quantity of milk used in it. Freezing had no effect on the vitamin B in the ice cream used. The ice cream, which was made from pasteurized products, contained no significant quantity of vitamin C.

It is thus shown that the physiological activity of the respective vitamins is not injured by the manufacturing process and, furthermore, emphasizes the fact that pasteurization when carried on properly does not lower the potency of vitamin A or B but does to a certain extent lower the physiological activity or the potency of vitamin C.

A CORRECTION.

In an article published in last week's Bulletin, entitled "Four Counties Organize Full-time Health Departments," it was stated that Dr. Lewis F. Badger had been appointed health officer for San Joaquin County. Dr. Badger has been appointed health officer for San Luis Obispo County, and is actively engaged in the duties of his office. San Luis Obispo County has completed its full-time health organization, and two of the incorporated cities within the county have joined the health unit.

EPIDEMIOLOGY

By W. H. Frost, M.D., Surgeon, U. S. Public Health Service.

Definition and relation to other medical sciences.—In its broadest sense epidemiology is defined as "the sum of knowledge of epidemic diseases," but while this definition is etymologically correct, it is not altogether in accordance with current usage. In the first place, the scope of epidemiology as ordinarily understood comprises diseases which are not "epidemic" in the usual sense, for example, such diseases as tuberculosis; on the other hand certain essential phases of the knowledge even of distinctly epidemic diseases—for instance, their symptomatology and morbid anatomy—are hardly included within the meaning of epidemiology, which refers more particularly to the phenomena of epidemic and endemic prevalence. In its more usual sense, epidemiology may be defined as the science or knowledge of the mass-phenomena of diseases, the manner of their natural occurrence and spread among the people, and the relation of these characteristic phenomena to the manifold conditions of heredity, habit and environment which determine them. This corresponds to the definition which Hirsch gives of geographical and historical pathology, as "a science which will give: firstly, a picture of the occurrence, the distribution and the types of the diseases of mankind, in distinct epochs of time and at various points of the earth's surface; and secondly, will render an account of the relations of these diseases to the external conditions surrounding the individual and determining his manner of life."

Although the above definitions may be considered as applying to non-infectious as well as to infectious diseases, the present discussion will be limited to diseases of specific infectious origin, a limitation adopted chiefly as a matter of convenience, to avoid the necessity of modifying the many general statements which are applicable only to the latter class of diseases. It will, however, be readily apparent that the principles which

Digitized by Google

apply to the epidemiological as contrasted with the experimental method of studying infectious diseases are equally applicable to the study of the mass-phenomena of other diseases.

Considering epidemiology in its relation to other phases of medical science, our present knowledge of infectious diseases comprises facts and theories developed as the result of study from various angles corresponding to more or less definitely specialized fields of investigation. The first requisite is a knowledge of the manifestations of various diseases in the individual, their symptomatology and morbid anatomy, since it is obvious that no progress can be made toward developing a knowledge of any disease until it is more or less clearly differentiated from other diseases, and also, that a clinical knowledge of disease is necessary in order that its importance to the individual affected may be fully comprehended. An appreciation of the relative importance of different diseases as factors in the general impairment of public health requires, in addition to the familiarity with their clinical effects, a more or less extensive knowledge of their frequency of occurrence in various demographic groups and in successive periods of time. The collection and compilation of these data fall within the province of vital statistics.

MORBIDITY*

Smallpox.

Fourteen cases of smallpox were reported, from the following localities: Alameda 1, Fresno County 2, Modesto 1, Oakland 1, San Francisco 5, Santa Clara County 1, Ventura 2, Watsonville 1.

Typhoid Fever.

Fourteen cases of typhoid fever have been reported, the distribution being as follows: Lake County 1, Los Angeles 3, Modoc County 2, Monrovia 1, Oceanside 1, Sacramento 2, San Francisco 1, San Joaquin County 1, San Jose 1, South San Francisco 1.

Epidemic Encephalitis.

Three cases of epidemic encephalitis were reported, San Francisco reporting 3 and Salinas 1.

Rabies.

Orange County reported one case of human rabies.

Anthrax.

Colusa County reported one case of anthrax.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922-1923				1921-1922			
	Week ending			Reports for week ending Jan. 20 received by Jan. 23	Week ending			Reports for week ending Jan. 21 received by Jan. 25
	Dec. 30	Jan. 6	Jan. 13		Dec. 31	Jan. 7	Jan. 14	
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	1	4	1	0	4	2	0	2
Chickenpox	81	167	151	158	61	123	130	97
Diphtheria	197	158	209	145	256	272	287	330
Dysentery (Bacillary)	6	0	0	0	0	0	0	0
Epidemic Encephalitis	3	0	4	4	3	0	1	4
Gonorrhoea	61	127	165	54	67	132	129	68
Influenza	19	33	45	139	20	43	20	31
Leprosy	1	0	0	0	1	0	0	1
Malaria	2	1	3	0	1	2	2	0
Measles	32	63	62	87	15	11	23	25
Mumps	12	11	16	13	36	83	99	116
Pneumonia	162	125	151	125	143	99	96	102
Poliomyelitis	0	0	0	0	3	2	3	3
Rabies	0	0	0	1	0	0	0	0
Scarlet Fever	119	142	169	128	120	107	128	126
Smallpox	11	24	28	14	136	134	188	155
Syphilis	84	100	124	59	41	83	110	65
Tuberculosis	159	162	154	139	114	151	150	142
Typhoid Fever	9	9	13	14	11	9	5	7
Whooping Cough	52	85	123	102	30	29	50	38
Totals	1011	1211	1418	1183	1062	1282	1421	1312

CALIFORNIA STATE PRINTING OFFICE

19991 1-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 51 FEBRUARY 3, 1923 GUY P. JONES EDITOR

CATCHING COLDS BY HAND.

By H. W. HILL, Director, Institute of Public Health, London, Ontario.

One hundred million colds a year in the United States alone—and that is a conservative estimate—makes a cold pretty close to being the most common infectious disease of our race.

Infectious? Yes—probably ninety million United States colds every year are contracted purely by infection from one to another—precisely as measles or diphtheria or scarlet fever or mumps are.

"But even admitting that, colds are so insignificant that no one minds them. Why waste a radio talk on colds?"

Listen—do you think tuberculosis is a serious disease, that it causes loss of time, loss of wages, financial distress and poverty? Sure enough—and all that comes on a relatively few people—those who suffer from tuberculosis. But colds in one year cause double the loss of time that tuberculosis does! True the loss is distributed over the whole population and no one person notices any great effect on himself. Nevertheless, in the one item of loss of time (not of course in suffering, disease, and death) colds run ahead of tuberculosis—in fact colds do just twice as much damage in this item.

What spread colds? Just the same things exactly that spread most of our other infectious diseases—the transfer from the patient to others of the discharges of his nose and mouth. You sneeze or cough and your mouthspray flies wide; but even when you talk, mouthspray in smaller amounts, it is true, flies out also, although not so far. So you may catch cold from a person who has a cold already by getting within range of his sneezes and coughs, but also merely by talking with him, if you are less than three feet away from him. Mouthspray does not in conversation fly much more than three feet—unless the speaker is very excited—say talking politics very hard! But sneezing and coughing throw the mouthspray much further—about 10 to 12 feet in many cases.

Colds are spread, also again like other infectious diseases, by the hands, and really more by the hands than in any other way. "Oh ridiculous! Catching cold through your hands!" Yes—that is the way most infectious diseases—90 per cent for a guess—are caught according to the very best of our leading public health authorities all over the world—90 per cent of infectious diseases—and this includes colds.

How? Well—think. You have a cold; you sneeze; to prevent your mouthspray from flying, you cover your nose and mouth with your hand; so far, so good. Then you shake hands with your friend—and the mouthspray which you saved him from getting through the air you give him on your hand! "But it won't hurt him on his hand?" No—not while it stays there—but watch him—in a minute he has his fingers in his mouth or on his lips or he pulls out some chewing gum with his fingers or picks up his pipe by the stem and puts the stem in his mouth.

"But I don't sneeze on my bare hand—I use a handkerchief to keep

Digitized by Google

my sneezes to myself!" Good—then you put your handkerchief in your pocket—presently you pull it out again; and where do your fingers go this time? Right on the very place on the handkerchief where you sneezed the first time!

As long as we have colds, our mouthspray and our hands are dangerous to those we share them with. Those who have colds must keep away entirely from people they don't wish should catch cold from them—or wear a mask! Those who have no cold now and don't wish to catch cold should keep away from people that have colds already—from their sneezes and coughs, from their conversational mouthspray, from their hands.

"But this is nonsense—you catch colds from drafts—from chills and so on." No—not if the cold germs are absent. Try this the next time you are in a draft and "Feel a cold coming on" as people say. Warm up the part of your body that is chilled—the top of your head, perhaps, especially if you are bald—your back, or wherever it is the draft chilled you. Nine times out of ten, if you warm up the chilled area—by friction of the hand, by a hot water bottle, by "toasting it before the fire" in the good old way, your "cold" will disappear. But woe betide you if in the meantime you encounter someone with an infectious cold. Then their germs, coming into your system already chilled, will flourish and grow—just as they would even if you hadn't been chilled first, but perhaps more vigorously.

Colds are not produced by cold except as above outlined. In Peary's Arctic expeditions—even on the trip when he reached the pole itself—neither he nor any of his people suffered from colds at all! But they caught them, like anyone else, as soon as they got back into civilization, where they encountered people who had colds already. While they were away from colds they caught none—how could they catch them when there were none there to catch! Stefansson and Amundsen and all the Arctic explorers back to Sir John Franklin and then back of him again had just the same experience. Ask all the people you know who have fallen through the ice in winter and then gone home through the cold winter day in their wet clothes whether they had colds following their immersion? Ask them and write in to us and tell us what you find out. You will be surprised, probably, to find that not one in ten of them showed any bad effects from their sudden chill at all! We will tell you later what a tabulation of your answers shows if you like.

Colds are infectious diseases—almost always. Persons with colds should avoid giving them to others—people without colds should avoid catching them from others. Carrying out these ideas would cut our colds by 50,000,000 attacks per year less than we have now—cut them in two at least—and then we would not, as a race, lose any more time from colds than we do from tuberculosis. We lose twice as much time now, you remember!

Let us then oppose the spread of colds, just as we oppose the spread of other infectious diseases—for our own good and for the good of our race.—From a radio talk broadcasted by the New York State Department of Health.

SALESMANSHIP IN DAIRY INSPECTION.

There are few people in any walk of life, not barring professional salesmen, who are able to make better use of the principles of salesmanship than is a dairy inspector. And this is no less true because the modern inspector, who spends a good deal of his time in the role of educator, dispenses public service gratis. That there is no direct charge for his advice and help does not make his task easier. In fact, he has to overcome a prejudice which most people have against anything which may be had for nothing. For him to do this requires intuition and tact, a knowledge of dairying, an understanding of human nature, courage of his convictions, and a supply of energy to carry him through after he has decided upon a course of action. In other words, what is required is salesmanship.

Many hours, days, weeks and even years have been practically wasted by some inspectors who have never learned the proper way of approaching their clientele. The effect of many visits of such inspectors has been nil for the reason that they have stated what should be done without stating how or why, or in other words without selling the idea on its merits. Strong measures are sometimes necessary in the case of wilful violators, but most dairymen are open to reason.

Digitized by Google

The inspector is wise who takes time to explain why certain things should be done for the good of the public; and then after they have been done sees to it that the public finds it out. This does much more good as a rule than circulating a report of unsatisfactory conditions. In other words, if he will help the public by convincing a milk plant operator for instance, that his methods should be improved, he will eventually help this operator through a kindlier feeling expressed by the public and in accomplishing this will help himself. Thus a sort of endless chain of mutual benefit is formed. The problem for the inspector is to first work out his case and then so present it that his program will be a benefit to all concerned. By making a thorough study of his work and then applying the principles of salesmanship to it, he can become a real power in his community. And this every dairy inspector should be, for the commodity he sells is health —and who is there who is not interested in health?—U. S. Department of Agriculture.

PRENATAL TALK*

Are You Ready for Your New Responsibility?

Well supervised through your pregnancy, cared for carefully during your confinement, you have had an undisturbed two weeks in the hospital. Your doctor is pleased that you are so strong, your baby is nursing, you have been up about your room a little, have seen the baby sprayed, and perhaps through the glass have seen it changed. If the baby takes some artificial feeding that is written out for you, and tomorrow you go home to the twenty-four hour service to the little baby.

In forty-eight hours, containing two nights of sleeping with your ears open, and advice that may or may not be modern and helpful from loving relatives, you will have many unanswered questions.

This is the gap in perfect care. If you are worried your milk is less. You know less of the detail of your baby's care than did your mother, who handled her baby at home with three or four weeks of care and teaching of the trained nurse, many times a nurse specializing in obstetrical nursing. Today many a mother loses her milk or weans her baby because she is afraid she has not enough milk, and when her milk is gone someone urges her to go back to her doctor or send her to a baby health center.

City Supervision.

Minneapolis feels breast feeding is so important that every mother, rich or poor alike, receives a notice that the Society for the Preservation of Breast Feeding will send a nurse to conserve, that is, to teach the mother, how to keep her milk.

San Francisco offers pre-natal care to the house service patients in the San Francisco Hospital, Lane, University of California, Mount Zion and University Hospitals. It has maternity hospital opportunities, available beds, which house over 56 per cent of the cases confined in the city, but a policy of sending an instructing nurse to the home the day after the mother and baby leave the hospital has not been tried out. Judging from the weaned 3 to 4 weeks old babies we see in baby health centers, there is a loss to mother and child in progress in these first days at home.

Until the little mother has tried it out alone with her first baby for twenty-four to forty-eight hours, she does not know her own problems; but physically not yet strong, realizing her inexperience, and most loving and anxious to do well by her baby, she is really meeting one of life's tragedies in the worries of this new experience—the difficulty in adjusting and acquiring experience.

The helplessness of a mother alone in an apartment with no service procurable, and an increasing pile of laundry work to do daily for the baby, is appalling.

House Assistants.

Do you not see the gap in care? What can we do about it?

First, get a group of neat, orderly household women, called household assistants, and teach them what the routine of the normal baby is, and have them go for two weeks to run the household and stand by the mother, not take the baby off her hands, but really to assist.

Second, because this first group is hard to be sure of, let us have our health centers offer a home instructing visit to every baby born in San Francisco, so that rich and poor alike may be taught and helped in getting started. Some cases will take one, and some may need two or three visits to get started, but we are sure that 25 per cent more mothers would nurse and fewer babies die under 6 weeks of age with this careful individual teaching.

*Sixteenth in series published every Saturday in the San Francisco Call.

Digitized by Google

If you have had a baby you know better whether you needed such teaching, and we want to know what you think about it.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

MORBIDITY.*

Smallpox.

Ten cases of smallpox have been reported, the distribution being as follows: Fresno County 1, Modesto 2, Oakland 3, Sacramento 1, Santa Barbara 1, Stanislaus County 1, Ventura 1.

Typhoid Fever.

Ten cases of typhoid fever have been reported from the following localities: Lake County 3, Madera County 1, Los Angeles County 1, Los Angeles 1, Riverside 1, San Joaquin County 2, Stanislaus County 1.

Cerebrospinal Meningitis.

Los Angeles reported one case of cerebrospinal meningitis.

Poliomyelitis.

Two cases of poliomyelitis have been reported, one from Los Angeles and one from Oakland.

Epidemic Encephalitis.

Nine cases of epidemic encephalitis have been reported, East San Diego reporting 1, Los Angeles 1, Sacramento 1, and San Francisco 6.

Leprosy.

San Francisco reported one case of leprosy.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Jan. 27 received by Jan. 30	Week ending			Reports for week ending Jan. 28 received by Feb. 1
	Jan. 6	Jan. 13	Jan. 20		Jan. 7	Jan. 14	Jan. 21	
Anthrax	0	0	2	0	0	0	0	0
Cerebrospinal Meningitis	4	1	1	1	2	0	1	1
Chickenpox	167	151	172	122	123	130	99	122
Diphtheria	157	209	169	166	272	287	336	297
Dysentery (Bacillary)	0	0	0	2	0	0	0	1
Epidemic Encephalitis	0	4	4	9	0	1	4	1
Gonorrhoea	127	165	57	99	132	129	68	70
Influenza	---	---	---	---	---	---	---	---
Leprosy	0	0	0	1	0	0	1	0
Malaria	1	3	0	1	2	2	0	1
Measles	63	62	110	110	11	23	25	14
Mumps	11	16	20	15	83	99	117	99
Pneumonia	125	151	140	130	99	96	103	100
Poliomyelitis	0	0	0	2	2	3	3	4
Rabies	---	---	---	---	---	---	---	---
Scarlet Fever	142	169	142	121	107	128	132	146
Smallpox	24	28	19	10	134	188	162	122
Syphilis	100	124	61	128	83	110	65	101
Tuberculosis	162	154	161	126	151	150	144	145
Typhoid Fever	9	13	15	10	9	5	7	12
Whooping Cough	85	123	118	59	29	50	48	57
Totals	1210	1418	1347	1288	1282	1421	1346	1361

CALIFORNIA STATE PRINTING OFFICE

19991 1-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 1 FEBRUARY 17, 1923 GUY P. JONES EDITOR

FULL-TIME PUBLIC HEALTH PROGRAM AND ITS ECONOMIC FACTORS.

By WALTER M. DICKIE, M. D.,
Secretary California State Board of Health.

The need for full-time county health departments in California and other Pacific Coast states is very great. At the same time, these western states probably offer greater opportunities for the achievement of results, through the organization and maintenance of full-time county health departments, than do states comprising other geographical units in other parts of the country.

Six full-time county health departments are either organized or in process of organization in California at the present time. The conditions in the average California county, operating under a part-time health program, are not widely different from similar conditions in other counties throughout the United States. Most of these counties have within their borders two or three small incorporated cities, one of which may or may not have a well organized health department—the rural portion of the county depending upon a part-time county health officer for its public health administration. Too often this official is miles away from the locality where his services are needed, and his dependence upon the practice of medicine for his living makes it impossible for him to attend properly to the duties of his office.

On the outskirts of every incorporated city maintaining an organized city health department, there is a "No Man's Land." It is just outside of the city limits of such a municipality that the most flagrant health conditions are permitted to exist. The city health officer has no jurisdiction over this zone, and the county health officer is not inclined to interfere with the affairs of a district which, because of its more congested population, offers problems that are those of a city rather than of a rural territory. It is in this "No Man's Land" that the health of children is generally without supervision. It is here that the one and two-cow dairies are conducted, without regard to health conditions. It is here that all of the nuisances that have to do with faulty sewage disposal are most commonly encountered. It is in this territory that contaminated wells are so frequently found responsible for the prevalence of intestinal infection. It is within this area that peddlers are able, so often, to dispose of stocks of food supplies that are unfit for human consumption. While all of these, and many other, flagrant violations of good public health procedure exist openly, the health officer of the adjoining city can merely look on and suffer the direct results of the lack of health supervision in this outlaw territory, over which he has no jurisdiction. The county health officer, while he may be aware of the unfortunate conditions that exist here, is generally unable, even though will-

Digitized by Google

ing, to take any hand in bettering these conditions because of the common lack of funds and lack of interest upon the part of the county government.

Isolation is Destroyed.

The development of state and county highway systems and the increased use of the automobile have removed the isolation of the small rural community. The residents of such communities, through lack of contact with the outside world, were formerly seldom exposed to various infections, chiefly respiratory, that flourish and thrive wherever large groups of individuals are in close association. As a result, these people possess relatively little immunity against such infections, which now are often more prevalent in the rural districts than in urban centers. This fact alone emphasizes the need for protecting the health of the rural resident, who is now exposed to new health risks. This protection is just as necessary as is the protection of the city dweller against the intestinal infections that are more frequently found in the rural districts. Modern transportation, in its destruction of the isolation of the rural community, has brought old health problems into relatively virgin territory and has brought about one of the most important reasons why full-time county health departments should be developed in the West.

Another factor in the spread of communicable diseases in rural districts is the union school. The development of this type of school is also a product of newer transportation methods which have made the old-time district school begin to disappear. Automobile busses now carry pupils from as far away as twenty or more miles to the union grammar or high schools. New contacts, and more extensive contacts, result in the more extensive spread of contact diseases. Supervision over the health of these rural school children is made a matter of the utmost necessity.

Summer Tourists Bring Problems.

California and Washington, and Oregon as well, because of their scenic marvels, rendered so easily accessible by good roads and extensive camping facilities, attract many thousands of tourists each year. The United States Forest Service provides the best of sanitary camping facilities in the forest reserve camps, as do most of the municipalities in California. More than one and one-half million people, according to the Forest Service, visit the national forests of California annually. Fully 80 per cent of these visitors are campers. There are not nearly enough camps to provide for this summer tourist army, and there should be at least 300 more improved camps for the accommodation of vacationists who travel by automobile, not from Pacific Coast states alone, but from all parts of the United States.

That there are acute public health problems associated with the seasonal movements of these large groups of individuals, is obvious. The protection of water supplies, the detection of typhoid convalescents and carriers, the maintenance of strict sanitation in supervised camps, and the curbing of promiscuous camping, are but few of these problems that are now only partly solved. The field for the full-time county health unit in this work is almost without limitation. The need for sanitary inspection service in most of the summer resort districts and in the national parks is so great that it is apparent to these million and a half tourists, and the local resident, who most needs the protection that such service affords, is beginning to realize the necessity of its establishment.

Cities Bring Typhoid Reduction.

In California, the large cities of Los Angeles, San Francisco and Oakland, comprising nearly half of the population of the state, determine absolutely the downward trend of the state's typhoid fever death rate. It is these cities, with their organized, full-time health departments, that constitute the chief factor in reducing the California typhoid mortality rate to the low figure of 4.1 per hundred thousand population in 1921. When it is considered that most community water supplies in California find their sources in surface streams, it is remarkable that the California death rate for this disease is so low. The typhoid fever death rates for the states of Washington, Oregon and California are, almost every year, about twice as high as are similar rates for the large cities within their borders. Occasionally, the typhoid fever death rate for one of these larger cities approaches the higher state rate, but when this occurs, it can nearly always be traced to an outbreak of typhoid fever among the

Digitized by Google

residents of that city, who have contracted the disease in one of the outlying districts. In 1921, the large cities of the Pacific Coast obtained typhoid fever death rates varying from 1 to 3 per one hundred thousand population. The last published rate for the United States Registration Area showed a typhoid death rate of 7.8 per hundred thousand population. Similar rates for Oregon, Washington and California for 1920, were 4.9, 5.6 and 4.8, respectively, per hundred thousand population. A comparison of the records of these cities with the records for their respective states proves that the cities, in bringing about their low rates, are placed absolutely at the mercy of conditions existing in the surrounding rural districts. If the rural territories of Pacific Coast states were as well organized, from a public health standpoint, as are most of their large cities, typhoid fever might be almost entirely eliminated in this part of the country. The remarkable reductions in the death rate for this disease could not have been made possible without the strong public health organizations of the larger cities. If the rural districts were provided with adequate public health machinery, through the establishment of local full-time health units, California, Oregon and Washington should have annual typhoid fever death rates not higher than 3 per hundred thousand population.

Infant Mortality Low in Cities.

Washington and Oregon have the lowest infant mortality rates of any states; and the several cities, both large and small, located within these states, have, according to the American Child Hygiene Association, the lowest infant mortality rates of all cities. For three consecutive years, Seattle, San Francisco and Portland have had the lowest infant mortality rates of all cities in the United States having populations over 250,000. Oakland and Spokane, for the past three years, have had the lowest rates of all cities having populations from 100,000 to 250,000. Berkeley, Long Beach, San Diego and Tacoma have had, during these same years, the lowest rates for all cities having populations of 50,000 to 100,000. The California cities of Pasadena, Santa Cruz and Richmond, as well as Astoria, Oregon, and Aberdeen, Washington, have made records for obtaining the lowest infant mortality rates among those cities having populations between 25,000 and 50,000, and among cities having populations of 10,000 to 25,000.

While it is true that the factor of climate, with relation to the production of pure milk supplies, has something to do with bringing about these remarkably low infant mortality rates, the chief factor in bringing about these remarkable results lies in the organized effort of these municipalities in saving the lives of their infants. If the rural districts of these Pacific Coast states were organized as thoroughly as are the cities, the Pacific Coast could well challenge New Zealand, or any geographical unit, in the making of low infant mortality rates. The natural advantages of the Pacific Coast in this respect are unusual. The stability of the climate; the absence of extremes in temperature and humidity; good social conditions; educational advantages; absence of over-crowding; the availability of pure milk supplies; the comparative absence of the first generation of the foreign-born; the social conscience of the people—each and all, are factors in the saving of infant lives on the Pacific Coast.

If it were possible to transport to Washington, Oregon and California, during the first year of their lives, all babies and their mothers in other states, the number of lives of American children that could be saved is almost beyond comprehension. It is safe to say, however, that if all children could be born in Pacific Coast cities, their chances of growing to adult life would be vastly greater than they would be by finding other territory within which to be born.

The large cities, with their organized health departments, are setting the pace. Machinery for maternal and child care is provided in every coast city of any size, while in the rural districts, little or none is available. The continuation of these low records, and their further lowering, depends largely upon what these states shall accomplish in the organization of full-time county health units.

The Full-Time Health Program.

The minimum unit for a full-time county health department in California consists of a full-time physician as health officer; a public health nurse; a sanitary inspector, and an office clerk—all of whom shall devote full time to the duties of their office.

Digitized by Google

A minimum of $10,000 per annum is required in the proposed county budgets. In most counties, it is proposed that the health officer shall have complete jurisdiction over all rural and urban territory within the county. With the development of the full-time health department idea, there is growing a spirit of community responsibility in the safeguarding of community health. The state is stimulating the cultivation of a spirit of local independence and is encouraging every local health department to stand upon its own feet. The state is advising, assisting, stimulating, and providing expert counsel in the encouragement of all local activities for the promotion of local public health. Modern conditions must be met with by the use of modern methods. The increased opportunity for the spread of contact diseases has grown tremendously since modern methods of transportation have done away with the isolation of remote communities. The opportunities for the spread of contact diseases are vastly greater today than they were ten years ago. With a full-time health officer, a public health nurse and a sanitary inspector, constituting a flying squadron, a large amount of preliminary epidemiological work can be accomplished before calling upon state or federal health authorities for assistance. The development of full-time health units attracts a higher grade of public health official. There is no reason why an outbreak of the more common communicable diseases can not be brought under control through the investigations and supervision of the local department. The state, under the ideal plan, should contribute only expert technical assistance that the local community is not able to provide.

No organization can possibly be stronger than its weakest link. California, Washington and Oregon are now engaged in forging strong chains in their public health organizations. With the natural advantages, such as have been enumerated, the possibilities for making life longer and happier on the Pacific Coast are very great. Public opinion is supporting the development of the idea with full cooperation; and there is every reason to believe that other states must look to their laurels if they are to compete with these young western states in the promotion of longer, happier lives for their people.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Feb. 10 received by Feb. 13	Week ending			Reports for week ending Feb. 11 received by Feb. 14
	Jan. 20	Jan. 27	Feb. 3		Jan. 21	Jan. 28	Feb. 4	
Anthrax	2	0	0	0	0	0	0	0
Botulism	--	--	--	--	--	--	--	--
Cerebrospinal Meningitis	1	1	6	1	1	1	8	6
Chickenpox	172	150	138	166	99	122	107	157
Diphtheria	169	206	183	143	336	297	248	161
Dysentery (Bacillary)	0	2	1	1	0	1	0	0
Epidemic Encephalitis	4	9	2	2	4	1	6	1
Epidemic Jaundice	0	0	2	4	0	4	0	0
Gonorrhoea	57	113	102	183	68	70	118	86
Influenza	156	185	184	598	31	68	119	845
Leprosy	0	1	0	1	1	0	0	0
Malaria	0	1	3	2	0	1	2	3
Measles	110	247	252	220	25	14	14	18
Mumps	20	18	18	10	117	99	75	100
Pneumonia	140	141	144	176	103	100	139	155
Poliomyelitis	0	2	1	0	3	4	0	0
Rabies	--	--	--	--	--	--	--	--
Scarlet Fever	142	151	152	157	132	146	180	133
Smallpox	19	10	15	21	162	122	102	67
Syphilis	61	134	120	206	65	101	65	127
Tuberculosis	161	149	185	166	144	145	147	97
Typhoid Fever	15	11	9	9	7	11	11	4
Whooping Cough	118	88	103	94	48	57	51	55
Totals	1,348	1,619	1,620	2,160	1,345	1,364	1,392	2,015

'-23 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 2 FEBRUARY 24, 1923 GUY P. JONES EDITOR

VENTILATION OF HOMES.

There is an old bugaboo concerning ventilation that needs, in the light of present-day knowledge, to be utterly banished. This is the old idea that the ill effects from improperly ventilated rooms are due to the presence of excessive carbonic acid gas or to insufficient oxygen.

Dr. Chas. J. Hastings, Medical Officer of Health, of Toronto, states that "ordinary air contains about 20 per cent of oxygen and 3/100 of 1 per cent of carbon-dioxide or carbonic acid gas. It has been shown, however, that an atmosphere containing only 15 per cent of oxygen and as much as 2 to 4 per cent of carbon-dioxide or carbonic acid gas may be endured for a length of time without harm. These proportions represent vitiation much beyond anything possible in the ordinary human habitation. Carbon-dioxide, in itself, is well known to be harmless. For instance in the process of brewing, and this is looking into the past, large quantities of carbonic acid gas are present, the air of the brewery containing from 1.5 to 2.5 per cent all the time, and even as high as 6 per cent at times, and men work in this for years without any ill effects."

It has been proven that expired air contains no poisonous substances, beyond, possibly, the bacteria of diseases that may be contained in the droplets from expired breath, but not in the air itself.

Failure to prove that physical discomfort through faulty ventilation is due to the increase of carbonic acid gas or to diminution of oxygen, or the presence of organic poisons in expired air, has led to investigations into the physical changes, such as the increase of humidity and increase in temperature, and the stillness of the air in a poorly ventilated room. Concerning these investigations, Dr. Hastings says:

"Healthy individuals have been placed in cabinets of three metres cubic capacity for periods up to four hours. After a time symptoms of headache, dizziness and depression were observed. Those in the cabinet were then allowed to breathe the fresh outside air through a tube, but this gave no relief, nor did the air of the cabinet produce any symptoms when breathed through a tube by a person outside, but the discomfort of those in the cabinet could be almost instantly relieved by the following procedures: First—drying the air in the cabinet to a normal degree of humidity. Second—the cooling of it to a temperature consistent with health and physical fitness. Third—stirring it up by means of a fan.

None of these procedures, mark you, involved any chemical change in the air.

The explanation underlying the foregoing observations is as follows: Normally, a certain heat interchange occurs between the human body and the air surrounding it. In order that this interchange may take place with the greatest facility, the air must first be in motion, so that the atmosphere

Digitized by Google

surrounding the body is changed as fast as it is heated. Second—it must be cooler than the body itself, so that the heat may be lost from the body by radiation, and third—it must be relatively dry, so that the evaporation of the body moisture, that is the perspiration, may help to keep down the temperature of the body.

It must be apparent to our readers that vitiated atmosphere of densely crowded, poorly ventilated public halls and rooms fails to provide any one of these conditions. What is found in these circumstances is the temperature abnormally high, the humidity excessive, and little air movement.

Modern Conception of Proper Ventilation.

While this conception of the principles upon which modern, efficient ventilation is based has been familiar to many of us for years, unfortunately there is a certain proportion of our people who have adhered to the old idea of the percentage of carbonic acid gas affording a guide for efficient ventilation.

In order to demonstrate the foregoing facts in regard to the modern conception of ventilation, the Medical Research Council of Great Britain established a Department of Applied Physiology under the direction of Dr. Leonard Hill, who has so successfully applied laboratory experiments and results to problems connected with industries, public health and disease. In his report to the Medical Research Council on the Science of Ventilation and Open Air Treatment, a subject which he has long made his own, Dr. Hill combines the result of his experimental work with a review of the existing knowledge and thus provides in an accessible form the scientific basis for the practice of ventilation and open air treatment. The ground covered and the store of information, sometimes drawn from unexpected sources, are intensely interesting. "Successful ventilation" is described as "dependent on the prevention of stagnation of the body heat on the one hand, and of uncomfortable chilling of the body on the other."

As Dr. Leonard Hill points out, the widespread explanation in the past as regards discomfort and impaired ...lth from crowded and ill-ventilated ...s, and apartments, is erroneous. ... not the excess of carbonic acid gas, or lack of oxygen, or the presence of organic impurities in the expired air. The real cause is not chemical, but physical.

The virtue of the open air treatment is the result of the heat produced by the sun and the cooling and evaporating influences of the outside air in motion. This efficient regulation of the body heat by the evaporation process, and the current of air experienced outdoors, rapidly changing the volume of air surrounding the body, increases absorption and elimination, and also stimulates digestion. "The open air treatment of tuberculosis," Dr. Leonard Hill goes on to say, "should be based on physiological principles and not on the blind belief in the virtues of fresh air alone." And in conclusion he says, "The old carbonic acid gas idea as a gauge for atmospheric purity is a thing of the past, and together with organic impurities so frequently referred to, may be placed in the museum of archaic ideas."

The foregoing explanation of the cardinal points necessary to observe in order to secure proper ventilation, expresses the consensus of opinion of all administrators of public health, of all sanitary engineers, both in Great Britain and on this continent. Having carefully perused the reports and the conclusions arrived at by the Medical Research Council of Great Britain through Dr. Sir Leonard Hill in England, and the most valuable research work done by Professor C. E. A. Winslow of Yale University and his colleagues on this continent, we are forced to conclude that the evidence is all in, the case is closed, the last word has practically been said. There is no longer room for any second opinion as regards the fundamental principles of ventilation.

It is fitting that at the present time we should all be familiar with the conditions essential for efficient heating and ventilation, more especially in view of the fact that the modern conception of the ways and means of securing efficient air conditions is somewhat more economical than those practiced in the past. It must be apparent from the foregoing fact that it is not necessary for us to have wide open windows in the winter time, but just sufficient opening to insure a current of air of sufficient volume to bring about more or less constant change of air surrounding our bodies,

Digitized by Google

thereby enabling us to eliminate the necessary amount of heat in order to prevent any of the symptoms which arise as a result of being enveloped in stagnant air.

It is important that we familiarize ourselves with the most economical way to efficiently heat our homes. While we have been speaking of excessive humidity in overcrowded public halls, we find the very opposite to this in the rooms of the average home, where they are heated by hot air or hot water. In these cases, we find a lamentable absence of humidity, in as much as the air coming in from outside with say 65 to 75 per cent of humidity, that is normal, will, before it reaches the individual in the room, be reduced to probably 40 to 45 per cent. This is not sufficient, and causes such excessive evaporation from our bodies as to require us to raise the temperature of the room to probably 70 degrees or more, whereas, with proper humidity, we would experience the same comfort in a temperature of 65 degrees. Therefore, it is necessary for us to see to it that normal humidity, that is 65 per cent, is maintained. You can maintain a reasonable degree of humidity by keeping the water reservoir in your hot air furnace full of water all the time. A very satisfactory way of securing a reasonable amount of humidity for a living room, and at the same time answering the purpose of a decoration of a most desirable character, is the placing of flowering plants and ferns in the windows, each of which, if kept well watered, will give off, by evaporation, a pint of water a day. Small vessels with the largest possible amount of surface, containing water, should be exposed in different parts of the house. If a coal range is in use, there should be a vessel containing boiling water on the range at all times, which will aid in throwing off steam.

Summary.

First—The three conditions essential for efficient ventilation are temperature, humidity and current or movement.

Second—The air of a room, even if well filled with people, never contains sufficient carbonic acid gas to be injurious to the health of those occupying it, nor yet is the amount of oxygen ever sufficiently reduced to endanger health, providing that the aforesaid air is kept at a proper temperature, that is from 65 to 68 degrees, and a proper humidity, that is 65 per cent, and kept in motion.

Third—The air of overcrowded public halls becomes overcharged with humidity through elimination from the skin and the breath of those in the room, and consequently should be frequently changed, either by cross ventilation or by exhaust fans.

Fourth—The air in the average dwelling in the winter time is too dry, and too hot, and at times stagnant. However, we can counteract this latter objection in a degree at least by moving around during the day time from one room to another, and therefore, our bodies are not for any great length of time enveloped in the same volume of air. It must be apparent, however, that at night when we are in our beds, and are occupying relatively the same volume of air for hours, that the necessity for a current or air movement becomes imperative.

Fifth—The real danger to health, of the air conditions in an overcrowded public hall or public conveyance, is through the droplets that are ofttimes thrown off in coughing or sneezing, or forcefully talking, which may contain the germs of disease from a chronic carrier or one just convalescing from some communicable disease.

The Bridge of Life.

The bridge thou seest, said he, is HUMAN LIFE; consider it attentively. Upon a more leisurely survey of it, I found that it consisted of three-score and ten entire arches, with several broken arches, which, added to those that were entire made up the number to about an hundred. As I was counting the arches, the Genius told me that this bridge consisted at first of a thousand arches; but that a great flood swept away the rest, and left the bridge in the ruinous condition I now beheld it. But tell me further, said he, what thou discoverest on it. I see multitudes of people passing over it, said I, and a black cloud hanging on each end of it. As I looked more attentively, I saw several of the passengers dropping through the bridge into the great tide that flowed beneath it; and upon further examination perceived that there were innumerable trap-doors that lay concealed in the bridge which the passengers no sooner trod upon, but they fell through them into the tide, and

Digitized by Google

immediately disappeared. These hidden pitfalls were set very thick at the entrance of the bridge, so that throngs of people no sooner break through the cloud but many of them fell into them. They grew thinner towards the middle, but multiplied and laid closer together towards the end of the arches that were entire. There were, indeed, persons, but their number was very small, that continued a kind of hobbling march of the broken arches, but fell through one after another, being quite tired and spent with so long a walk.

—From Addison's "Vision of Mirza."

Another Death from Rabies.

A five-year-old Japanese child died a few days ago in Los Angeles, and it was not until after death had occurred that it was learned that the child died of rabies. A Japanese physician attended the case and made the diagnosis, which was confirmed later. Through a delay in reporting the case, no information was available until the death certificate was filed.

It was learned that the child was bitten on the heel by a dog, six or eight weeks before death occurred. Symptoms of rabies developed five days before death.

MORBIDITY.*

Smallpox.

Eleven cases of small pox have been reported, the distribution being as follows: Los Angeles 3, Modesto 3, Oakland 3, Stanislaus County 1, Ventura 1.

Typhoid Fever.

Four cases of typhoid fever have been reported, one each from the following localities: Orange County, Redlands, Sacramento County and Sacramento City.

Cerebrospinal Meningitis.

Eureka and Los Angeles each reported one case of cerebrospinal meningitis.

Leprosy.

San Francisco reported one case of leprosy.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

Rabies.

Los Angeles reported one case of rabies.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Feb. 17 received by Feb. 20	Week ending			Reports for week ending Feb. 18 received by Feb. 21
	Jan. 27	Feb. 3	Feb. 10		Jan. 28	Feb. 4	Feb. 11	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	6	1	2	1	8	7	3
Chickenpox	150	138	189	175	122	107	168	180
Diphtheria	206	183	171	139	297	248	216	165
Dysentery (Bacillary)	2	1	1	1	1	0	0	0
Epidemic Encephalitis	9	2	3	1	1	6	1	1
Gonorrhoea	113	102	202	65	70	118	100	32
Influenza	185	184	661	821	68	119	1,013	4,315
Leprosy	1	0	1	1	0	0	0	0
Malaria	1	3	2	1	1	2	3	3
Measles	247	255	322	269	14	14	20	23
Mumps	18	18	11	21	99	75	120	92
Pneumonia	141	144	198	182	100	139	196	182
Poliomyelitis	2	1	1	0	4	0	0	0
Rabies	0	1	0	1	0	0	0	0
Scarlet Fever	151	152	193	173	146	180	144	114
Smallpox	10	15	21	11	122	102	92	88
Syphilis	134	120	214	75	101	65	137	32
Tuberculosis	149	185	188	122	145	147	155	123
Typhoid Fever	11	9	12	4	12	11	7	5
Whooping Cough	88	103	130	84	57	51	61	42
Totals	1,619	1,622	2,521	2,149	1,361	1,392	2,440	5,399

24245 2-23 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 3 MARCH 3, 1923 GUY P. JONES EDITOR

NOT ALL GERMS ARE HARMFUL.

The average person does not realize that most of the known bacteria are not harmful to mankind, and many of them are absolutely necessary to human life.

Dr. Herman N. Biggs, Commissioner of Health of New York State, says that it is the harmful germs that usually attract attention, just as it is the man who commits a crime or does someone an injury who gets his name in the newspapers. In a popular talk given recently, Dr. Biggs states:

As a matter of fact, out of something over 2000 known and described bacteria, or germs as they are commonly known, less than 100 are really capable of doing any harm to anybody. On the other hand, there are a great many germs which are not only not harmful, but which are actually necessary to the continuation of human life. For example, the organisms of decay or putrefaction while usually regarded as a nuisance, are really beneficial, as the following explanation will show. Let us suppose for a moment that the earth could be made absolutely sterile as far as germ life is concerned. In a comparatively short time, plant life, including vegetable life, would use up all the plant food in the soil, and all the fertilizer now available. When the end of these natural resources was reached, then all plant life would cease shortly thereafter, all animals would then die of starvation and famine would overtake mankind. Thus the putrefying bacteria which break down the wastes of human, animal and plant life are absolutely necessary to our very existence.

There are also other kinds of friendly germs; for example, those which give the pleasant flavor to butter and cheese. Butter of poor flavor oftentimes means that the cream from which the butter was made, was produced under insanitary conditions, and that organisms of putrefaction thus got into the cream in place of the harmless and necessary lactic acid germs which give the characteristic flavor to butter.

Then there are other instances of friendly germs, such as the acetic acid bacillus that turns cider into vinegar, but perhaps our attention should now be turned to the unfriendly germs; those which cause trouble and sickness to the human race. The difference is that while the friendly germs in growing produce substances which help mankind, the unfriendly ones produce poisons, or toxins as they are called, which are extremely harmful.

What happens when a person takes a poison such as arsenic or corrosive sublimate, or carbolic acid? Just as soon as possible they are given an antidote, a substance known to neutralize or counteract the poison. If it can be given before the poison has a chance to act on the human system, the person gets well.

In the same way, when a person catches an infectious disease, such as diphtheria, the germ, in growing and multiplying, starts to manufacture a poison which often affects the heart or paralyzes some of the other important

Digitized by Google

muscles. When this happens, just as with the mineral poison, an antidote, in this case called an antitoxin, must be given at the earliest possible moment before the poison or toxin has a chance to damage the tissues of the body.

Germ life will continue as long as the earth lasts. Our hope of controlling the evil bacteria and preventing their doing harm, lies first in protecting ourselves, so far as possible, through proper health habits from catching the infectious diseases, and secondly, in making use of such antitoxins and vaccines as are available as antidotes or preventives. It is just as foolish to deny the existence of these infectious germs and to refuse to make use of the remedies which science has given us as it is to deny that there are criminals in the world and therefore to argue that a police force is unnecessary in order to prevent crime.

Botulism from Canned Beans.

A woman residing in Glendale, Los Angeles County, opened a jar of home-packed string beans a few days ago. She tasted the beans, and afterwards cooked them for ten minutes, serving them to the other members of her family consisting of her husband and six children. Three days later this woman developed marked symptoms of botulism—general weakness, disturbed vision and throat paralysis. After suffering acutely for nearly a week, the patient died in great agony. None of the other members of the family suffered any ill effects from eating the beans, the cooking of which undoubtedly destroyed the toxin so that the other members of the family were not effected. Some of the uncooked beans apparently were thrown out to the chickens, for about eight hours after the garbage had been thrown out to the fowls, all of them showed symptoms of limberneck and died.

The family was warned immediatly not to eat any more of the home-canned product that remained unopened, and samples of beans from the same pack have been sent to the State Hygienic Laboratory for examination.

The Public Ill Health.

The chief health officer of South Africa, in an address upon public ill-health recently given in Johannesburg, pointed out that money spent on hygiene and in sanitation actually produced money. He stated that from every point of view, the human crop is the most valuable crop which any country raises; that "the State in this respect is in much the same position as a fruit farmer, and its people may be likened to the trees of an apple orchard. For the best results, intelligent care and supervision are necessary from the earliest stage and at every stage. It is some years before the trees begin to yield a return, then come years of fruitfulness, and finally decay and death. The loss or destruction of young trees before coming into bearing or during the early years of bearing, is especially serious; old trees with most of their fruitful period past are less valuable. The yield of the human crop, apart from its reproductive activities, is *work*—on the farm, in the factory, or mine, or office, wherever men or women are earning their bread by honest toil. Part of their earnings goes to support themselves and their families and dependents, but part remains to the credit of the individual and State, of which it increases the valuation, the revenue and the resources."

Diphtheria Must Be Controlled.

The increase in diphtheria morbidity and mortality is not confined to California alone. The other states have shown the same increases, and the problems connected with the control of this disease are the same in this state as in other states. It is only through the immediate administration of antitoxin in all cases that may be suspicious of diphtheria, and in the immunization of children who do not possess immunity against diphtheria, that this disease can be brought under active control. The cooperation of physicians is a matter of absolute necessity in the control of diphtheria. The general public, to be sure, must be further informed in order that every sore throat may be regarded seriously, but the prompt administration of public health control measures depends largely upon the support and cooperation of practitioners. Cases and deaths from diphtheria during the past five years are as follows:

Year	Cases	Deaths
1918	3,090	213
1919	3,037	266
1920	5,793	451
1921	9,464	644
1922	8,752	597
Totals	30,136	2,171

Digitized by Google

PALO ALTO MAKES ANOTHER RECORD.

In his annual report, Louis Olsen, Health Officer of Palo Alto, states that the death rate for his city in 1922 was 7.3 per 1000 population, a fall of 1.6 below the rate for 1921. The estimated death rate for the state in 1922 is 14.1, nearly twice as high as the Palo Alto rate. Mr. Olsen establishes the fact that if the state death rate had prevailed in Palo Alto, 98 persons would have died there last year instead of 51, the actual number.

Excluding influenza, there were but 86 cases of communicable disease reported in the city during the year. This total is lower than any similar annual total for the past ten years with the exception of the years 1913 and 1916, when there were 47 and 71 cases, respectively. For the first time since 1917 no cases of diphtheria were reported in Palo Alto, although this disease was more widely prevalent throughout the state last year than usual. No cases of either mumps or measles occurred in Palo Alto last year.

Of this record, Mr. Olsen says: "The effect of a freedom from disease, such as recorded above, is difficult to estimate, and means more than the preventing of days of sickness and perhaps some immediate deaths. The effect is far-reaching and will be instrumental in helping increase the span of life in future years."

Palo Alto spent 97.5 cents per capita for the support of its public health department last year—a total of $6,785. The cost of its fire protection during the same period is $1.47 per capita and for police protection $2.34 per capita. That the people of Palo Alto have full confidence in the local health department is shown in the fact that the city council each year provides the necessary funds to carry on the work of the department in an efficient manner.

Smallpox More Virulent Now.

The increased prevalence of smallpox is due, largely, to the fact that a considerable portion of the population of California has not been vaccinated against this disease. It is probable, also, that many cases of a more severe type of the disease have been imported from Mexico, causing a higher mortality for this disease during 1921.

The control of smallpox in California has been particularly difficult, because of the cumbersome and awkward vaccination act of 1911, which was repealed in the legislature of 1921. In the ten years of its operation, this law brought only discord and lack of harmony. Most of its measures were never enforced by school and heath officials. Its provision for the exclusion of all unvaccinated persons in attendance upon the schools whenever smallpox existed within the district led to situations difficult to control. Under the act of 1921, the control of this disease is placed under the regulation of the State Board of Health—local school and health authorities being forbidden to pass any regulations or orders for its control.

The number of cases and deaths from smallpox reported during the past five years are as follows:

Year	Cases	Deaths
1918	1,016	3
1919	2,002	5
1920	4,497	7
1921	5,579	21
1922	2,127	21
Totals	15,221	57

Influenza Record for Five Years.

The last of the important waves of influenza was noted in California during 1920, with a slight recurring rise in 1921 and an increase in 1922. The numbers of cases and deaths from this disease for the past five years are as follows:

Year	Cases	Deaths
1918	230,845	13,340
1919	82,682	4,746
1920	66,183	2,715
1921	2,565	339
1922	44,354	1,299
Totals	426,629	22,439

Making Another Spotless Town.

The town of Guadalupe in Santa Barbara County through the cooperation of its citizens with Dr. W. D. Sink, City Health Officer, has become almost spotless. With the assistance of the State Board of Health a clean-up campaign was started in November and the results at the present time show that more than half of the business section of the town has been provided with septic tanks or tightly covered cesspools and modern plumbing facilities. These have replaced unsightly, bad smelling vaults and defective cesspools that

Digitized by Google

existed before the campaign started. These results have been secured without incurring the long delay necessary in the procedure for creating a sanitary district and the further delay that the construction of a sewer system would necessitate. It has become apparent, however, that the present campaign has proved the need of a modern sewer system as a permanent method of sewage disposal and it will not be long before such a system will be provided.

Public Health Problems.

California, because of its unique geographical position, has many public health problems which are essentially peculiar to the state and which require continual alertness upon the part of the local, state and federal authorities. Among these are the tremendous flow of tuberculous persons into the state; chronic plague in rodents; typhus fever, ever present on our southern border; and the potential danger in other highly dangerous diseases from Oriental sources.

MORBIDITY.*

Smallpox.

Eighteen cases of smallpox have been reported, the distribution of which is as follows: Fresno 1, Los Angeles 1, Modesto 1, Oakland 8, Santa Barbara County 1, Santa Clara County 1, Selma 1, Stanislaus County 2, Sutter County 1, Watsonville 1.

Typhoid Fever.

Six cases of typhoid have been reported from the following localities: Alameda 1, Huntington Park 1, Merced 1, Redlands 1, San Francisco 1, San Joaquin County 1.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, one each from Fresno, Lompoc and Sacramento.

Poliomyelitis.

Los Angeles County reported one case of poliomyelitis.

Epidemic Encephalitis.

Four cases of epidemic encephalitis have been reported, one each from Berkeley, Sacramento, San Francisco and Tulare County.

Botulism.

Glendale reported one case of botulism.

Epidemic Jaundice.

Los Angeles reported one case of epidemic jaundice.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Feb. 24 received by Feb. 27	Week ending			Reports for week ending Feb. 25 received by Feb. 28
	Feb. 3	Feb. 10	Feb. 17		Feb. 4	Feb. 11	Feb. 18	
Anthrax	0	0	0	0	0	0	0	0
Botulism	2	0	0	1	0	0	0	0
Cerebrospinal Meningitis	6	1	2	3	8	7	3	3
Chickenpox	138	189	207	203	107	168	199	139
Diphtheria	183	171	165	156	248	216	188	138
Dysentery (Bacillary)	1	1	1	0	0	0	0	0
Epidemic Encephalitis	2	3	1	4	6	1	1	2
Epidemic Jaundice	2	4	0	1	0	2	0	0
Gonorrhoea	102	202	69	64	118	100	35	54
Influenza	184	661	1,073	1,177	119	1,013	5,238	10,033
Leprosy	0	1	1	0	0	0	0	0
Malaria	3	2	1	2	2	3	4	2
Measles	255	322	396	315	14	20	25	22
Mumps	18	11	24	11	75	120	102	81
Pneumonia	144	198	195	213	139	196	197	212
Poliomyelitis	1	1	0	1	0	0	0	2
Scarlet Fever	152	193	196	184	180	144	147	130
Smallpox	15	21	11	18	102	92	98	65
Syphilis	120	214	74	85	65	137	36	82
Tuberculosis	185	188	129	129	147	155	138	177
Typhoid Fever	9	12	5	6	11	7	6	7
Whooping Cough	103	130	103	81	51	61	47	31
Totals	1,623	2,525	2,653	2,654	1,392	2,442	6,464	11,180

24245 3-23 5500

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD [illegible], M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 4 MARCH 10, 1923 GUY P. JONES EDITOR

Typhoid Fever Rate is Low.

The year 1921 brought the lowest typhoid fever death rate in the history of California. The provision of pure water supplies, the prevention of stream pollution, safer camping facilities, the compliance of the general public with sanitary regulations, the provision of pasteurized milk through California's model milk law and several other important factors, have brought about this good record. Cases, deaths and rates per hundred thousand population for typhoid fever in California during the past five years are as follows:

Year	Cases	Deaths	Rate per 100,000 population
1918	1,055	197	6.0
1919	960	185	5.4
1920	1,137	172	4.8
1921	953	147	4.1
1922	969	168	4.4
Totals	5,074	869	

It is remarkable that California is able to keep its typhoid fever death rate so low when it is considered that most community water supplies find their sources in surface streams. It speaks well for the control and treatment of municipal water supplies in this state. The only states achieving better records in typhoid control are the New England states of Massachusetts, Rhode Island, New Jersey, New Hampshire, New York and Connecticut. Minnesota, however, a middle west state, active in efficient public health administration, and Wisconsin, similarly active, are close contenders with Massachusetts for first place in this roll of honor. Nebraska, admitted to the United States Registration Area only recently, in 1920, had a lower typhoid fever death rate than any of our Pacific Coast states. The possibilities for almost eradicating typhoid fever are very great. If the rural districts in this state were as well organized, from a public health standpoint, as are most of its large cities, the state's typhoid fever death rate might be made to approach the vanishing point. The remarkable reductions in typhoid could not have been made possible without the work of the strong public health organizations in the larger cities.

Examination for Assistant Physician.

The California State Civil Service Commission announces an examination for the position of Assistant Physician in the State Hospitals for the Insane, to be held on April 7, 1923. The salaries for the various positions are as follows:

Position	Salary
First Assistant Physician—	
First, second and third years	$2,760
Fourth, fifth and sixth years	3,000
Seventh year	3,240
Assistant Physician—	
First year	2,040
Second year	2,160
Third and fourth years	2,340
Fifth and sixth years	2,520
Seventh year	2,700

Full maintenance is provided in each case. This includes provision for wife and minor children.

Candidates for this examination must either hold certificates entitling them to practice medicine and surgery in California or they must secure such certificates on or before July

Digitized by Google

1, 1923. They must also be graduates of the medical course of a Class A or a Class B institution.

To qualify as First Assistant Physician, candidates must have had at least two years' actual experience in the care and treatment of the insane; as Assistant Physician, at least one year of such experience. Candidates for positions in the Southern California State Hospital at Patton must be graduates of recognized homeopathic medical schools.

NOTE.—Candidates outside of California may obtain further information in regard to securing a reciprocity certificate by applying to the Board of Medical Examiners of the State of California, Sacramento, Calif.

The examination is open to all American citizens who have reached their twenty-first but not their sixty-first birthday on the date of the examination, who are in good physical condition, and who meet the requirements outlined above. Persons who have reached their forty-fifth birthday will not be eligible unless they have had at least three years' recent experience in a hospital for the insane.

The examination will be held in Sacramento, San Francisco and Los Angeles in California, and, upon request, in any of the following cities outside of California, as well as in such other cities as it can conveniently be arranged for.

Denver, Colo.	Columbus, O.
New York City	St. Louis, Mo.
Philadelphia	Seattle, Wash.
Boston, Mass.	Chicago, Ill.
New Orleans	Madison, Wis.

The examination in cities outside of California will be conducted through the cooperation of the state or city Civil Service Commissions in those cities, or through the cooperation of the medical superintendents of the hospitals in which candidates are now employed.

Persons desiring to enter this examination may secure application blanks from the California State Civil Service Commission at Room 331, Forum Building, Sacramento, or Room 1007, Hall of Records, Los Angeles.

Completed applications must be filed with the Civil Service Commission in Sacramento on or before March 24, 1923.

What the Sheppard-Towner Law Provides.

In response to many requests concerning the provisions of the Sheppard-Towner law for the promotion and maintenance of infant and maternal welfare, a skeleton analysis of the law is published here. This measure was established in order to combat the needless loss of life among mothers and their infants. During 1921, in the birth registration area of the United States, 200,000 babies under one year of age died—76 out of every 1,000 babies born alive. During the same year 20,000 mothers lost their lives in childbirth,—8 out of every 1,000 giving birth to children.

The essential provisions of this law

ants to the states accepting its provisions:

(a) Gift of $5,000 for the fiscal year (1921-1922) and $5,000 yearly thereafter.
(b) Of $1,000,000 additional appropriated by Congress yearly, $5,000 more if matched by state expenditures for the same work. The remainder is apportioned to the state on the basis of the population, if matched.

II. Further provisions:

(a) Places the administration of the funds for state use in the hands of any existing child welfare division of the State Board of Health.
(b) Expressly provides that this bill does not give any of its agents the right to enter homes.
(c) Prohibits the use of funds for maternity homes, equipment or benefits.
(d) Creates a Federal Board of Maternity and Infancy with the administration in the Children's Bureau.
(e) Allows $50,000 yearly for Federal administration.

This means that California has, for 1922 and 1923, $10,000 outright and by matching the state funds already appropriated, a total of $37,011.12. For each succeeding fiscal year, with the usual state appropriation, the maximum amount from the Federal Government will be $24,280.

How California Plans to Use Funds.

The following outline indicates the plan of procedure in the expenditure of the California allotment for the promotion of infant and maternal welfare in this state:

(a) Work will be carried on by counties where possible and in rural communities.
(b) State workers: one, for contact with public health nurses; one, to survey midwives; one, for nutrition work with mothers; and one, for dental hygiene.
(c) Lecture bureau, films, slides, exhibits and literature.
(d) The residue to pay the salaries of nurses to be lent for limited periods in counties where an equal amount of money is furnished to cover traveling expenses, equipment and an initial housing for a baby center. These nurses will work in cooperation with the local health officers and all physicians interested in infant and maternal welfare as community problems. A local committee will be organized to help in the health centers, interest the community and give local support.

Institute for Public Health Nurses.

The institute for public health nurses given last summer by the California State Board of Health in cooperation with the University of California was a distinct success and the results were so encouraging that a similar institute is being arranged.

The 1923 institute, however, will be held in Los Angeles at the southern branch of the University of California.

Announcements concerning eligibility of applicants, date and program will be announced in an early issue of this publication.

Digitized by Google

The Sanatorium Treatment Of Tuberculosis.

The treatment of tuberculosis in special tuberculosis hospitals is comparatively recent. The entire sanatorium movement has developed in this country in the last forty years. Prior to that time, tubercular patients were generally treated in their own homes, the chronic and long continued character of the cases being such that few tubercular patients reached the hospital except in the last stages of the disease. Two evils resulted from the presence of tubercular patients in private homes; the patients themselves did not receive the treatment they needed and the other members of the family were exposed to infection. Many of us can remember early days in small country towns when a son or daughter in a family would contract tuberculosis, linger for months or even years, and finally die, the family going on living in the infected house and contracting the disease, one by one, until practically the entire family was wiped out. The death rates from tuberculosis in those days were very high. In 1880, according to Dr. Arthur T. Laird, superintendent of the Nopeming, Minnesota, Sanatorium, the death rate for the registration area of the United States was 326 per 100,000. In Massachusetts, the death rate for 1881 to 1890 was 364 per 100,000. Even this was a marked decrease from the death rate in 1860 in the same state, which was 410 per 100,000. This rate has been gradually reduced, the tuberculosis death rate for 1920 for the entire country being only 114, or almost one-third. How much the tuberculosis sanatorium has had to do with bringing about this result is a question. The open air treatment for tuberculosis was first advocated by Dr. George Bondington, an English physician, in 1839. He received tubercular patients in a small house and encouraged out-door life and open air treatment for them. The first large sanatorium was established by Brehmer in 1859 in Germany. A small, private sanatorium was opened in Asheville, North Carolina, in 1875, but the real beginning of the modern sanatorium movement in America was in 1884, when Dr. E. L. Trudeau established the Adirondack Cottage Sanatorium at Saranac Lake, New York. Dr. Trudeau, himself a victim of the disease who had cured or at least arrested it by out-door life, first put into practice the principles of treatment which he had worked out in his own case in the Adirondacks. The first state sanatorium was opened by Massachusetts in 1893. Special hospitals and sanatoria for tubercular patients are now found everywhere. The methods used are very largely the same and include rest, fresh air and out-door life as far as possible, proper feeding so as to give the patient the best and most easily digested nourishment and such special treatment as each patient may need. Not only is the tubercular patient much better off in a special sanatorium where he can have such care as he needs but he has also a far greater chance of recovery and is less of a danger to others in the family and out of it.—*Health.*

Checking Spread of Colds In Schoolrooms.

A recent number of this publication carried an article entitled "Catching Cold by Hand." This was read to the students attending the Tomales Joint Union High School in Marin County and the precautions suggested by the author of the article were carefully observed. Chas. L. Hampton, principal of the school, has the following to say concerning what was done to check the spread of colds in this school:

The students were made to understand that colds and influenza are highly infectious diseases and their prevention can be obtained by strict habits of cleanliness. They were informed that the liquid soap furnished by the high school was a disinfectant and that they should wash their hands frequently throughout the day; that at no time should they put their fingers in their mouths or nostrils.

The school talks were supplemented by placards on the walls and in the basement of the building, picturing the importance of plenty of sleep, fresh air and good, wholesome food as necessities for building up good bodily resistance. It was very noticeable throughout the school after this talk that greater interest was shown in hand washing, which was done in a more thorough method than usual.

For a week while the epidemic was at its eight the rooms were vacated by the children every morning between 11 and 12 and everyone was requested to be out playing in the sunshine.

Results: The elementary school in the same village had to close because 50 per cent of the pupils, including all of the teachers, were down with the "flu" at one time. On the other hand, the height of illness in the high school at any time was only five pupils and one teacher out with the "flu."

Although we can not prove that our precaution checked the "flu" in this case, we can say that we have many of the parents feeling that the Tomales Joint Union High School is a safe and healthful place to send their children.

Digitized by Google

Former Children's Bureau Head Endorses Sheppard-Towner.

Julia C. Lathrop, for nine years head of the Children's Bureau, U. S. Department of Labor, retiring in 1922, is known throughout the United States as one of its foremost citizens.

In a recent communication addressed to Dr. Adelaide Brown, member of the California State Board of Health, she expresses her conviction that the Sheppard-Towner law is a wise and practicable measure, making immediately possible, county-wide, popular education in hygiene and welfare in maternity and infancy.

She says: "This education is indispensable to successful campaigns to reduce maternal and infant mortality because doctors and nurses can not be fully effective if the general population is helpless and ignorant."

MORBIDITY.*

Smallpox.

Twenty-two cases of smallpox have been reported, the distribution being as follows: Alameda County 7, Claremont 1, Fresno County 2, Red Bluff 1, San Francisco 7, San Joaquin County 2, Sutter County 1, Stanislaus County 1.

Typhoid Fever.

Only 2 cases of typhoid have been reported, one from Eureka and one from Sonoma County.

Leprosy.

Fresno County reported one case of leprosy.

Cerebrospinal Meningitis.

Inglewood, Oakland and San Francisco each reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922-1923				1921-1922			
	Week ending			Reports for week ending March 3 received by March 6	Week ending			Reports for week ending March 4 received by March 7
	Feb. 10	Feb. 17	Feb. 24		Feb. 11	Feb. 18	Feb. 25	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	2	3	3	7	3	3	2
Chickenpox	189	207	240	189	168	199	171	156
Diphtheria	171	165	171	83	216	188	160	116
Dysentery (Bacillary)	1	1	0	0	0	0	0	1
Epidemic Encephalitis	3	1	5	1	1	1	2	1
Gonorrhoea	202	69	68	59	100	35	60	110
Influenza	661	1073	1263	675	1013	5238	13195	11668
Leprosy	1	1	0	1	0	0	0	0
Malaria	2	1	2	1	3	4	2	0
Measles	322	396	489	208	20	25	24	19
Mumps	11	24	11	16	120	102	106	90
Pneumonia	198	195	228	108	196	197	232	331
Poliomyelitis	1	0	1	0	0	0	2	1
Scarlet Fever	193	196	214	115	144	147	157	94
Smallpox	21	11	19	22	92	98	81	49
Syphilis	214	74	76	26	137	36	87	132
Tuberculosis	188	129	154	66	155	138	185	143
Typhoid Fever	12	5	5	2	7	6	8	8
Whooping Cough	130	103	116	58	61	47	41	53
Totals	2521	2653	3065	1633	2440	6464	14516	12974

CALIFORNIA STATE PRINTING OFFICE

24245 3-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 5 MARCH 17, 1923 GUY P. JONES EDITOR

SPECIAL NOTICE TO HEALTH OFFICERS.

Rabies, virulent smallpox and epidemic encephalitis are assuming a new importance, and should receive your attention immediately. The first named disease is more prevalent in California now than ever in the history of the state. The situation requires the adoption of effective control measures wherever the disease appears. Vaccination against smallpox should be undertaken extensively wherever there are large numbers of unvaccinated persons. Conditions in Utah and Colorado at the present time make this procedure necessary. Epidemic encephalitis is increasing throughout the United States. There is also an increase in the number of cases that have occurred recently in California and special watch should be kept for any new cases that may appear. This issue of the bulletin contains considerable information concerning the extent of the prevalence of these three diseases. The State Board of Health is ready to give assistance to any community in work pertaining to prevention and control.

Smallpox Warning Should Be Heeded.

Public health authorities throughout the United States have predicted, during the past two years, that smallpox in the near future would appear in more virulent form. This prediction was not made by means of the supernatural. It was based upon the careful analysis of statistical material, together with an exact knowledge of the epidemiology of smallpox and the methods used in its control. A major factor in the formulation of this forecast is the failure of a large part of the population to take advantage of the sure protection that vaccination provides. This failure, together with the importation of virulent smallpox from Mexico, has led to the development of conditions in the United States, particularly in the Rocky Mountain region, that justify prompt action upon the part of all health officers.

There were 23 cases of virulent smallpox, with 10 deaths, in Salt Lake City during February. In Denver, during the same month, there were 13 cases with 4 deaths. This severe form of the disease was prevalent in Denver during 1922, but has been reduced greatly through the very large number of persons who have been vaccinated—200,000 in 14 months. In December, 252 cases of smallpox appeared in Denver with 92 deaths—a fatality rate of 37 per cent. Kansas City suffered a large number of cases and deaths from virulent smallpox in 1922 and a large number of cases and deaths from this disease have occurred recently in Arizona.

Two known fatal cases of virulent smallpox came into California last year direct from Denver. Symptoms of the disease did not appear until after arrival in this state but there were clear histories of contact with smallpox cases in Denver. Through prompt action upon the part of an efficient local health

Digitized by Google

officer, the immediate vaccination of all contacts, the further progress of the disease in California was checked.

The question, at the present time, lies in the uncertainty of being able to keep this easily prevented disease out of the state, with so large a proportion of our population unvaccinated. To be sure, we can wait until the extensive appearance of the disease, in severe form, and then adopt the rigorous quarantine of cases and vaccination of all contacts, together with the quarantine of contacts who refuse to be vaccinated. The detrimental advertising to the state and to the cities where the disease might occur, however, would be most disastrous from a commercial standpoint. The best and wisest course lies in the adoption of preventive measures now.

The immediate vaccination of all unvaccinated persons in California should be undertaken at once by every health officer in the state. Whether vaccinations are performed in free clinics or by private practitioners, is immaterial. The important thing is to secure as many successful vaccinations as possible in the shortest possible time. The adoption of methods by which these results may be secured rests entirely with the local health officer. The California State Board of Health goes on record at this time urging the necessity of immediately securing the general vaccination of all unvaccinated persons in the state in order that virulent smallpox may be barred from California. A number of national conventions will be held in this state during the coming month. For this reason, if for no other, every possible action toward preventing the appearance of this form of the disease should be undertaken without delay.

Rabies a Real Problem Now.

The control of rabies in California at the present time constitutes a most serious public health problem, for the reason that the disease is not only prevalent among dogs but it is also exceedingly common in coyotes. Investigations made last week by the California State Board of Health show that there have been considerable losses in live stock in Modoc County since the first of the year. One owner lost 15 head of cattle and another one 5 head. Altogether, at least fifty cases of rabies have occurred in the county since January 1st. In 1915, Modoc and Lassen counties suffered losses of $100,000 in live stock because of rabies. It cost $10,000 to bring the disease under control at that time but this small sum of money saved the live stock industry of these two counties. In that year 1805 sheep and 2495 lambs were destroyed by coyotes. In order to bring the disease under control it was necessary to kill 7160 coyotes, 1091 dogs, 790 domestic cats, 430 bob cats and 496 pole cats. A total of 66,910 poisoned baits were placed, for which 2602 rabbits and 2134 squirrels were used.

While the disease has been under control in California since 1916, reports from Nevada and eastern Oregon indicate that rabies has been quite prevalent among coyotes and other animals in those states during the past two years. Newspaper reports received at the time of this writing show that rabid coyotes are now appearing in Siskiyou and Shasta counties. Conditions are such that it may become necessary for the adoption of stringent measures in the control of the disease. The United States Biological Survey, operating in Nevada, has assured the officials of Modoc County that a number of trappers will be placed along the California-Nevada line. The State Department of Agriculture has two men trapping coyotes in Modoc County at present. The United States Forest Service has offered to cooperate with the county officials in this work.

The Board of Supervisors of Modoc County has passed an ordinance requiring the vaccination of dogs against rabies. This measure is similar to the one recently adopted in Kings County. It is believed that partial results will be secured through the rigid enforcement of this measure but it will be impossible to bring rabies under control in the counties of northeastern California until such time as extensive operations in the eradication of coyotes are undertaken. The new ordinance in Modoc County places the enforcement under the jurisdiction of the county health officer and he is authorized to employ three or more deputies in the enforcement of the provisions of the act. It is probable that the city of Alturas, in Modoc County, will adopt a similar piece of legislation.

At no time in the history of California has rabies been more prevalent than it is now. There have been 5 deaths of human beings from this disease since the first of January and last year there were 568 known cases in animals within California. Unofficial reports just received indicate that rabies has just begun to make its appearance among dogs in Imperial and Santa Barbara counties. It is apparent that active con-

Digitized by Google

trol measures must be adopted immediately in nearly every part of the state. Stanislaus, Fresno and San Joaquin counties, during the past few years, have conducted excellent demonstrations of how rabies may be brought under control. Kings County is, at the present time, supplying an excellent demonstration of work along these lines. Berkeley has adopted and is enforcing an effective vaccination ordinance. Other counties and cities must fall rapidly into line in the control of this acute disease before its prevalence becomes more extensive.

Epidemic Encephalitis Increasing.

Epidemic encephalitis is showing marked increases in many parts of the United States. Following is a short summary of the numbers of cases that occurred during the four weeks ended March 3rd:

Connecticut	37 cases
Maryland	29 cases
Massachusetts	36 cases
Minnesota	17 cases
Oregon	17 cases
Washington	11 cases
Wisconsin	11 cases
North Dakota	6 cases

Vancouver, B. C., reported 12 cases of epidemic encephalitis during the four weeks ended February 17th and Winnipeg, Manitoba, reported 77 cases of this disease during the six weeks ended February 17th. There have been 33 cases of the disease reported in California this year. Because of the fact that a large number of cases have ocurred recently and are present now in California as well as in the Pacific Northwest, it is important that all health officers be on the alert to detect and report promptly any cases that may occur in this state.

The outbreaks enumerated above are the first to be recorded since the spring of 1920. In commenting upon the increased prevalence of this disease the Journal of the American Medical Association states, editorially, "It is agreed that the disease is caused by a microbe having a minute filtrable form that permits transmission by means of the filtrable virus to animals. It seems proved, also, that the virus exists in the nasopharynx, that the disease is mildly contagious, and that the usual period of incubation is 10 days. No one now regards seriously the view of the English epidemiologist Crookshank, that epidemic encephalitis and poliomyelitis are caused by the same virus or variations of the same virus. The relationship between influenza and encephalitis is most difficult to define. It does not seem reasonable that the appearance of the two diseases, in epidemic form, at the same time, now and in the past, can be a mere coincidence. There must be some connection, but what is it? Encephalitis is certainly not a mere sequel of influenza, as most victims of the former do not give a history of having had the latter. Nor do encephalitis patients present the leuokpenia and tendency to a peculiar form of pneumonia so characteristic of influenza. Furthermore, there is a form of encephalitis directly connected with influenza, which differs from the epidemic form in being more sudden and severe in its onset, and in having more severe and permanent focal symptoms, more signs of a complicating meningitis, and a marked tendency to multiple minute hemorrhages in the brain and sometimes to suppuration."

"To my mind devotion to the public welfare is a thing which should be expected and not a thing to be specially rewarded. We must demand of public officials that they recognize their obligations to society. They are servants of the people, not masters because of the offices they hold. There must be found men whose sole ambitions will be not to rule or control, but to understand and to help the world.

"Personally, I am entitled to no praise or reward for anything that I may have done as a public official. On the contrary, I am deeply indebted to the Mayor and to the public for the unmeasured privilege of serving those who have needed the sympathy and practical assistance of the Commissioner of Health. My work has been a daily joy and to do it has been its own reward."—Dr. Royal S. Copeland, U. S. Senator, former health commissioner, New York City.

The success which will attend attempts at the control of tuberculosis by preventive measures aimed at the infectious agent will depend upon our realization of the magnitude of the program required to this end, and on the thoroughness with which this program is applied. Desultory, scattered and unrelated measures will accomplish little. Organization, cooperation and coordination are the essentials of success. What we need is the thorough application of a well-thought-out program, one in which all the different agencies, such as registration, the dispensary, the visiting nurse, the open-air camp, the fresh-air school, the sanatorium and the hospital for the advanced cases work together as a harmonious and effective whole and not independently of each other.—E. L. Trudeau.

Digitized by Google

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

MORBIDITY.*

Smallpox.

Seventeen cases of smallpox have been reported from the following localities: Berkeley 1, Los Angeles County 1, Oakland 3, Orange County 1, Pittsburg 1, Roseville 1, Santa Barbara County 2, Stockton 1, Sutter County 1, Tehama County 1, Ventura County 2, Vernon 2.

Typhoid Fever.

Six cases of typhoid fever have been reported, distributed over the State as follows: Oakland 1, Pasadena 1, Sacramento County 1, San Francisco 2, Tracy 1.

Leprosy.

Fresno reported one case of leprosy.

Cerebrospinal Meningitis.

Fresno reported one case of cerebrospinal meningitis and San Francisco reported two cases of the same disease.

Epidemic Encephalitis.

Three cases of epidemic encephalitis have been reported, two being from Berkeley and one from Sacramento.

Poliomyelitis.

Fresno reported one case of poliomyelitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending March 10 received by March 13	Week ending			Reports for week ending March 11 received by March 14
	Feb. 17	Feb. 24	March 3		Feb. 18	Feb. 25	March 4	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	3	2	3	3	3	2	1
Chickenpox	207	240	270	196	199	171	176	149
Diphtheria	165	171	150	105	188	160	139	143
Dysentery (Bacillary)	1	0	0	0	0	0	0	0
Epidemic Encephalitis	1	5	3	3	1	2	1	1
Gonorrhoea	69	68	132	43	35	60	118	93
Influenza	1073	1263	985	428	5238	13195	12197	5249
Leprosy	1	0	0	1	0	0	0	0
Malaria	1	2	1	0	4	2	0	0
Measles	396	489	572	338	25	24	23	22
Mumps	24	11	33	25	102	106	109	67
Pneumonia	195	228	199	89	197	232	300	227
Poliomyelitis	0	1	1	1	0	2	1	2
Scarlet Fever	196	214	189	152	147	157	132	89
Smallpox	11	19	23	17	98	81	54	52
Syphilis	74	76	117	50	36	87	135	77
Tuberculosis	129	154	75	89	138	185	159	129
Typhoid Fever	5	5	6	6	6	8	14	5
Whooping Cough	103	116	110	89	47	41	56	56
Totals	2653	3065	2868	1635	6464	14516	13616	6362

24245 3-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

STATE MEDICAL LIBRARY APR 11 1923

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M.D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 6 MARCH 24, 1923 GUY P. JONES EDITOR

Court Holds City Must Pay Damages for Typhoid.

In June and July of 1920 there were between 125 and 150 cases of typhoid fever in Pittsburg, California. Investigations made then established the fact that, a short time before the appearance of the epidemic, the apparatus for treating the city water supply, drawn from the Sacramento River, had been out of commission for a period of at least one day. The city was accused of neglect in failure to provide potable water for its residents and nineteen persons who suffered from typhoid fever during the outbreak polled their interests and brought suit against the city for damages incurred through illness or death.

The case was heard by Judge J. A. Plummer of Stockton, Judge of the Superior Court, who awarded the nineteen plaintiffs damages in the amount of $32,821.29. The largest amount awarded to any one of the plaintiffs was $12,500.

Following are extracts from Judge Plummer's opinion:

It appears to be the law that actual notice of knowledge of the unwholesomeness of the water furnished by the defendant is not an essential element to be proven in order to establish liability. It is sufficient that there is testimony tending to show that defendant, in the exercise of the reasonable care, might have discovered the unwholesomeness and dangerous condition of the water. (See *Jones* vs. *Mt. Holly Water Company*, 93 Atl. 860.) This case is also an authority to the point that it is not necessary that there be any proof of the actual existence of typhoid germs in the water contained the bacillus coli, or fecal matter liable to carry typhoid germs. There seems to be no dispute in this case but that the raw water in New York Slough contained bacillus coli in considerable quantity and therefore liable to carry disease-breeding germs which have their origin in fecal matter.

Law Plainly With Plaintiff.

As to the burden of proof in cases similar to the ones at bar, it is also fairly well established that the plaintiff is not bound to eliminate all other possible causes of the disease, where it is alleged that the defendant has furnished polluted water, but has sustained the burden of proof, when sufficient evidence has been introduced from which it may be fairly deduced, that the cause of the disease is attributed to water furnished by the defendant. (See *Stubbs* vs. *City of Rochester*, 226 N. Y. 516, and 5 A. L. R. 1396 and extended note.) In that case it appears from the opinion of the court that sixty different persons were affected by typhoid fever. The court says: "The consumption of contaminated water is a very frequent cause of typhoid fever and in all about sixty individuals who drank the water had suffered from typhoid fever in that neighborhood, appeared as witnesses in behalf of the plaintiff."

In the case at bar, it appears that the plaintiffs all drank water furnished by the defendant city; that in some instances the plaintiffs also drank water derived from other sources. It also appears in testimony as heretofore stated, that there were between 125 and 150 cases of typhoid fever at about the same period of time when the plaintiffs in these actions were affected, and, according to Dr. Kelly, were all water-borne in character. A number of other cases might be cited, but the ones referred to clearly set forth the law, and are typical of what is held in the cases cited by the counsel and examined by the court.

Epidemic Water Borne.

That the epidemic under consideration was water-borne in character seems to the court an inescapable conclusion when all the evidence is fairly and carefully considered. First, it had all the characteristics of such an epidemic, as shown by the expert witnesses who made personal investigation; second, there is no testimony of any polluted milk having been furnished by the New York dairy, to which reference was made in the testimony. There is no evidence that any of the vegetables or

Digitized by Google

fruits consumed by the residents of Pittsburg were contaminated. Such sources were presented to the court as possibilities, but, under the testimony referred to, can not be considered as probabilities.

Probable Cause Questions Answered.

Regarding the probable cause, Judge Plummer said:

"It appears from the testimony that the water system then in use by the city of Pittsburg consisted of the following units: A pumping plant, to which was connected a chlorinating drum, or apparatus; that the pumping plant in its operation, through its suction system, drew into the city pipes raw water, and a certain percentage of chlorine gas; that a certain quantity of alum was then incorporated with the water and passed on to coagulating tanks, or settlers, and from thence, by means of an additional pumping plant, was forced through a system of filters, consisting of three large tanks of a capacity of 6000 gallons each, the water supply passing through only one of these tanks, the three tanks or filters being used in order to give capacity to the system. After passing through the filters, the water was forced into a tank holding sometimes over a hundred thousand gallons, raised to a considerable elevation, and thence by gravity carried out through the distributing pipes over the city of Pittsburg. That when the system was working in perfect order the raw water was chlorinated, treated to alum, passed into coagulating tanks, thence through the filtration system, and on to the gravity tanks and out to the city, and when working as just stated, furnished to the city a pure and wholesome supply of water.

Proper Working of System Necessary.

"It is also fairly, and the court may state, necessarily deducible from the evidence, that when water is taken from New York Slough, being a polluted source, the proper working of all portions of the system just set forth was necessary in order to reasonably insure and provide the inhabitants of the city of Pittsburg with potable water, suitable for drinking and other domestic purposes, and that a defect in any portion of the system would militate strongly against its effectiveness."

Quotes Testimony Given.

In his decision, Judge Plummer touched upon the testimony of William T. Griffith, night pumpman, and Superintendent Wight, of the city of Pittsburg, as follows:

"The testimony of Superintendent Wight, and the testimony of Griffiths, is to the effect that the chlorinating plant was inoperative during the hours in question by the reason of the fact that a drum containing chlorine gas had fixtures that did not permit of ready attachment to the city's pumping system, and a special device had to be arranged in order to couple the tank to the suction system of the city's plant. The circumstances of the city's water supply being unwholesome in its raw state, being such as to carry notice of its condition, it was incumbent upon the defendant to use all reasonable precautions to render the water fit and wholesome and to give it such treatment as was necessary to produce such results.

THE HEALTH EXAMINATION.

By Haven Emerson, M.D., Professor of Public Health Administration, Columbia University.

Almost everybody feels when some member of his family or some one of his acquaintances has frequent colds and a constant wracking cough with loss of appetite, that the proper thing to do is to consult a physician and find out if he has tuberculosis. Under just these circumstances many hundreds of thousands of people have gone to the free tuberculous clinics of New York City for examination. They have there received thorough physical examination and we are glad to report that more than two-thirds of them have been found to be free from tuberculosis. The real trouble with them was something other than tuberculosis. As a result of finding out what ailed them, and following the advice given, many of these people have been treated and cured.

What do you do with your automobile truck, your passenger car, or your farm tractor when something goes wrong with it? You take it to a garage to find out what is the matter and to have it fixed.

Careful, prudent, business-like people get the habit of taking their automobiles or other motor vehicles to be looked over at regular and frequent intervals even when they seem to be going all right in order that they may be kept in good condition. Thus they avoid breakdowns, and serious if not fatal accidents. This is just what careful and prudent people are beginning to do with their own bodies. They do not wait until something goes wrong, but they go to a physician for a good overhauling or examination because they do not want to chance a breakdown with perhaps fatal consequences.

Because so many people now do this, the amount of tuberculosis in this state has been greatly reduced. Because mothers take their well babies to health stations (and at least half the babies born each year in New York City are thus watched by physicians and nurses during the first year of their lives), disorders of infancy are prevented and thousands of baby lives are saved every year. Because people go regularly to the dentist to have their teeth examined while they appear sound, the teeth are saved; much sickness is prevented, and what is more, they have good-looking mouths when they are talking or laughing.

The Health Department may protect your water supply, it may prevent contamination of the milk which you consume, and try to keep you from having smallpox, measles and scarlet fever; but most of the sicknesses which end in untimely deaths can not be prevented by the Health Department. They can be prevented only by the individual taking proper care of himself and his own health. To prevent the major part of

Digitized by Google

all your sicknesses you should go to your family physician at least once every year for a careful, thorough medical examination. Why not do this now? Why not begin right away? Go to your own physician this very week. Tell him you feel perfectly well—if you do—but that you want to know if you are really in as good physical condition as you seem, for you do not want to get sick this winter. Let him give you a thorough examination and tell you just what he finds out, and what you should do to help keep on feeling and being perfectly well. He knows how to take care of you when you are sick, but you will find it much cheaper and much pleasanter to have him help you keep well than to have him treat and cure you after you are ill. This complete medical examination, which includes a test of the heart, lungs, sight, hearing, bones and joints, nose and throat, and the nervous system, will take only about one-half to one hour.

Most of the large industries now have one or more physicians to make such regular annual examinations of their employees in order that they may not lose time and money through sickness. Labor unions find it pays to safeguard their members by such examinations and early care. Schools require physical examinations of their pupils. Many state and city departments of health give such examinations free of charge to every member of the department.

Why not have this for yourself, for your wife and children, and for any others dependent upon you? It is the only way to avoid a great many of the breakdowns and sicknesses which are so costly, and from which nearly every person suffers sooner or later. It is a great deal cheaper than paying for medicine, nursing, or hospital treatment. Treat yourself as well as you would treat a thoroughbred mule, a good cow, your watch or your Ford car. If everybody would do this early this winter, there would be many thousands of people alive and in good health at this time next year who under other circumstances will probably be overcome by sickness and even by death.

The United States Public Health Service and Prevention of Disease.

"The part played by the United States Public Health Service in the prevention of disease is not easy to evaluate," says Surgeon General H. S. Cumming. "Preventing the spread of disease from one state to another differs markedly from preventing the importation of disease from aboard; and except for the cooperation of the state health authorities, it could have been efficiently carried out only with great difficulty. The United States has authority over interstate traffic; but the several states have sole jurisdiction over traffic within their borders; and cooperation as to health regulations is essential to the adequate protection of passengers. Through such cooperation, formerly conflicting regulations have been harmonized and agreed upon by the Public Health Service and by twenty states in whole and by most of the other states in part; and this has made travel in the United States relatively safe from the standpoint of health. For instance, drinking water on trains and steamboats, which not so very long ago was obtained almost anywhere and which now and then carried typhoid fever germs, must now be taken from sources that have been examined and certified by the state authorities and the Public Health Service jointly.

"Laboratory study of diseases is carried on chiefly by the Service; but field work, by which data for the investigation are obtained and the results are often tested, can be carried on successfully only through the cooperation of the states.

"In even more essentially cooperative work, rural hygiene, for example, it is difficult to say whether more credit for the great success of a particular work is due to the Public Health Service officer who directs, the state health officers who sustain him, or the citizens of the locality who toil so loyally to put the work across.

"During the last twenty years the annual death rate in the United States has dropped for typhoid fever from 35.9 to 9.2 per hundred thousand of the population; for measles from 12.5 to 3.9; for scarlet fever from 10.2 to 2.8; for diphtheria from 43.3 to 14.7; for pneumonia from 180.5 to 123.6; and for all causes from 1,755 to 1,288.

"This wonderful improvement in the health of the country is not due to the work of any one organization but to that of all of them. The Public Health Service, in common with many others in the state health services and in private life, has done its part in working out the methods by which this advance has been attained. The Service, however, has,

Digitized by Google

perhaps, been a little better able to render help because of its position as a central agency which collected information from everywhere; which trained its officers by sending them (with the cooperation of the state health authorities) to the battle front whenever an epidemic appeared in any state; and which sifted this and all other information that it obtained, digested it, and finally disseminated it so widely by formal printed reports; by newspaper and magazine articles, and by radio broadcasts that it could not fail to come to the attention of a great number of workers who could not otherwise have learned of it, some of whom, failing to learn, might have been unable to carry to completion some task that would have fitted into the walls or might even have capped a pinnacle in the great health structure that the workers of today are building for the benefit of generations yet to come."

MORBIDITY.*

Smallpox.

Thirteen cases of smallpox have been reported, distributed as follows: Alameda County 1, Fresno County 1, Hayward 1, Orange County 2, Red Bluff 1, Sacramento County 1, San Francisco 1, Santa Barbara 1, Stockton 1, Tehama County 2, Ventura County 1.

Typhoid Fever.

Los Angeles County reported one case of typhoid.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, one being from Sacramento, one from San Francisco and one from Venice.

Epidemic Encephalitis.

Six cases of epidemic encephalitis have been reported, Los Angeles County, Stockton and Yreka each reporting one and San Francisco three.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Mar. 17 received by Mar. 20	Week ending			Reports for week ending Mar. 18 received by Mar. 21
	Feb. 24	Mar. 3	Mar. 10		Feb. 25	Mar. 4	Mar. 11	
Anthrax	0	0	0	0	0	0	1	0
Cerebrospinal Meningitis	3	2	3	3	3	2	1	2
Chickenpox	240	270	252	161	171	176	182	174
Diphtheria	171	150	178	90	160	139	160	174
Dysentery (Bacillary)	0	0	0	0	0	0	0	1
Epidemic Encephalitis	5	3	4	6	2	1	2	3
Gonorrhoea	68	132	172	41	60	118	97	49
Influenza	1263	985	641	232	13195	12197	5841	3289
Leprosy	0	0	1	0	0	0	0	0
Malaria	2	1	2	1	2	0	1	2
Measles	489	572	641	293	24	23	23	15
Mumps	11	33	31	24	106	109	93	98
Pneumonia	228	199	180	70	232	300	310	206
Poliomyelitis	1	1	1	0	2	1	2	0
Scarlet Fever	214	189	218	141	157	132	105	109
Smallpox	19	23	20	13	81	54	58	57
Syphilis	76	117	132	39	87	135	77	92
Tuberculosis	154	75	182	83	185	159	160	198
Typhoid Fever	5	6	6	1	8	14	9	6
Whooping Cough	116	110	138	82	41	56	57	36
Totals	3065	2868	2802	1280	14516	13616	7179	4511

CALIFORNIA STATE PRINTING OFFICE

24245 3-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

MEDICAL LIBRARY
APR
1923

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. [illegible], M. D.
ADELAIDE BROWN, [illegible]
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 7 MARCH 31, 1923 GUY P. JONES EDITOR

BETTER FOOD.

By E. J. LEA, M.S., Director, Bureau of Foods and Drugs.

Much has been accomplished in the improvement of foodstuffs since the pure food and drug laws became effective in this state, January 1, 1908. At that time the adulteration and mislabeling of foods and drugs had reached a point that was almost unbelievable. There were, in fact, very few articles of food which were not more or less adulterated or mislabeled. Credit should be given, however, to certain manufacturing firms whose products were not found adulterated or mislabeled even before the food law went into effect. During this period of food law enforcement certain evil and detrimental practices have been wholly or in part corrected. Among these may be mentioned the almost complete elimination from food of harmful preservatives, such as salicylic acid, formaldehyde, borax and fluorides. Poisonous food colors are rarely found. Saccharin, an artificial sweetener having injurious properties but no food value, has been practically eliminated from foods, although certain large chemical companies have been very persistent in their efforts to establish a legal right to use saccharin in foods. Diseased and unclean meat has been largely eliminated through the elaborate system of inspection which has been established by the federal government and the various state and municipal health departments. Sanitary conditions in food-producing establishments have improved a great deal, especially in canneries, fruit driers, meat markets and soft drink establishments, but along these lines there is in many cases room for still more improvement. Labels of foods and drugs, generally speaking, have been greatly improved. False claims and misleading statements have been largely eliminated. A large percentage of food and drug manufacturers are now using labels which are in complete harmony with the food and drug laws, but there are still quite a few whose labels need considerable correction.

The improvement in the quality of foods may be illustrated by a few examples. In the year 1908, it was still the practice of many canners, both large and small, to make catsup out of refuse and rotten tomatoes. This product was frequently artificially colored to make it appear of better quality. Today it is the exception to find any canner in this state using poor or rotten tomatoes in the manufacture of catsup or other tomato products.

Poisonous metallic colors and injurious coal tar dyes were once very common in confectionery, but at the present time such colors are not in use at all.

Flavoring extracts were adulterated with imitation products and they were frequently less than half strength, whereas at the present time the quality has improved and these products are mostly genuine unless they are labeled imitation, artificial, etc.

Honey was formerly heavily adulterated with glucose, but this practice is not common now.

Digitized by Google

Ice cream was frequently deficient in cream and often contained injurious colors, poor quality milk and poor quality gelatin, while at the present time ice cream is rarely found which is below standard in cream or butter fat; the injurious colors have been eliminated, the quality of the gelatin improved and the quality of milk and cream used is much better on the average. Many of the large ice cream manufacturers use more cream than is actually required by the pure food standards.

The term "jelly" was formerly used on products which varied from entire imitations containing no fruit juice to a pure fruit jelly. The imitation articles were made with starch paste as a base, flavored with imitation ether flavors, colored with coal tar dyes and preserved with salicylic acid. At the present time the starch paste, salicylic acid and coal tar dye have been practically eliminated. Apple juice is commonly mixed with other fruit juice, such as currant, raspberry, etc., but usually the labels indicate the nature of the mixture.

The practice of using a prohibited preservative for embalming hamburger steak has virtually disappeared, although in some localities this violation of the law is still found at times.

In the old days olive oil was frequently adulterated to the extent of 50 per cent or 75 per cent with cottonseed oil, but this practice has now largely ceased.

Egg noodles were formerly made with a liberal supply of yellow coal tar dye instead of eggs, but at the present time the coal tar dye is practically eliminated and eggs are used, as they should be.

The adulteration of spices developed into an art some fifteen or twenty years ago. It is perhaps safe to say that more than half of the spices on the market were adulterated to the extent of 50 per cent or 60 per cent with roasted flour and ground cocoanut shells. This practice has entirely disappeared in the spices sold at retail, although some manufacturers still use cereals in their spices sold to certain restaurants, hotels, etc. The spices in such cases are labeled to indicate that they are a mixture of cereal and spice and therefore they are not subject to the penalties of the food law. So today the spices are very free from adulteration, although in some cases inferior grades of spice may appear.

It was once common to find numerous brands of syrup labeled "Pure Maple Syrup," "Pure Vermont Syrup," etc., which syrups contained perhaps less than 10 per cent of maple, the balance being made of cane sugar syrup and glucose. Such syrups today are labeled "Cane and Maple Syrup," "Granulated and Maple Sugar Syrup," etc. The present labels may be more or less deceptive in that none of these samples, so far as we have analyzed them, show more than 20 per cent of maple and the majority of them show about 10 per cent of maple. There are a few brands of genuine maple syrup sold in this state.

Vinegar made from acetic acid, water and burnt sugar coloring was once commonly labeled and sold as pure cider vinegar. This practice has been almost entirely corrected, so that today vinegar sold under the name of "Vinegar," "Cider Vinegar," "Apple Vinegar," is reasonably sure to be the product of apples.

Numerous mineral waters were formerly adulterated and mislabeled in that in many cases the water was not mineral water, and were mislabeled because the labels indicated that the water would cure various ailments, whereas the water did not have the necessary therapeutic qualities to effect the cures as claimed. Some of these waters were nothing more than tap water from the city supply labeled to indicate that they came from mineral springs.

Food and Drug Work Shows Marked Increase

The work of the food and drug laboratory for the last biennial period included the analysis of 4813 samples of foods and drugs. Of this number 2142 samples were collected officially under the foods and drugs acts. Of these 2142 official samples 1190 were found sufficiently adulterated or mislabeled to warrant action under the food and drug laws and his number of cases were brought before the State Board of Health for a private preliminary hearing. Five hundred and twenty-three cases heard by the State Board of Health were continued indefinitely for the reason that the difficulty had been corrected, and 667 cases were referred to the district attorneys throughout the state for action in the courts. Of these 667 cases referred to district attorneys, 415 have been convicted by courts or juries; 72 cases were not prosecuted on account of lack of evidence, bankruptcy, migration, death, etc.; 46 cases were dismissed and 107 cases are still pending. The fines imposed bv the courts for the biennial period amount to $11,065. Three million one hundred nine thousand two hundred ninety-six pounds of decomposed or unfit food has been condemned as not

Digitized by Google

fit for human food and a large amount of it has been destroyed.

	Year ending June 30, 1921	Year ending June 30, 1922
Total samples analyzed, foods, drugs, state institutions and cold storage	2,822	1,991
Food and drug samples, official	1,300	842
Cases reported to State Board of Health for action	514	676
Cases continued by State Board of Health on account of correction of violation or material destroyed	225	298
Cases referred to district attorneys for prosecution	289	378
Cases convicted by court or jury	213	202
Cases not prosecuted on account of lack of evidence, bankruptcy, migration, death, etc.	40	32
Cases dismissed	25	21
Cases pending		107
Fines imposed	$5,380	$5,685
Decomposed food destroyed or condemned	Pounds 2,038,068	Pounds 1,071,228

Model Ordinance Provides Vaccination Against Rabies.

Since rabies is more prevalent in California now than ever before in the history of the State, it has become necessary for many cities and counties to enact ordinances for the control of dogs. One of the best and most effective pieces of legislation of this sort is that which provides for the immunization of dogs against this disease.

For the purpose of assisting health officers who may desire the enactment of such local legislation, a model ordinance has been drafted and is printed here:

An Ordinance Providing for the Control and Eradication of Rabies in the County, and Prescribing a Penalty for the Violation of Its Provisions.

The Board of Supervisors of_____ County do ordain as follows:

Section 1. It shall be unlawful for any person owning, having an interest in, harboring, or having the care, charge, custody, or possession of a dog to allow or permit such dog to go on the public streets in any manner, or to go free and run at large in or upon any place outside of incorporated cities in the county, unless such dog has been vaccinated with canine rabies vaccine—one injection or other approved method—within a period of twelve (12) months, and is officially tagged as provided in section 2 hereof.

Sec. 2. Said vaccinations shall be performed by the health officer, or any duly qualified and licensed physician or veterinarian. The persons vaccinating said dog shall issue certificates of vaccination on blanks furnished by the county. Every person owning, having custody or control of any dog so vaccinated shall present said certificate of vaccination to the health officer, who shall issue an official vaccination tag which shall be securely fastened to a collar, which collar must at all times be worn by such vaccinated dog. It shall be unlawful to attach an official vaccination tag to any dog unless the same has been duly vaccinated as herein provided.

Sec. 3. The sheriff and his deputies, and every constable and his deputies, and every poundkeeper, and also any person employed for that purpose by the board of supervisors must, and are hereby authorized and empowered to capture any dog not vaccinated, as required by this ordinance, and which is found going free or running at large in or upon any place within the county, outside of incorporated cities, or such officer or person shall be authorized and empowered to kill and destroy such dog.

Sec. 4. Officers or persons capturing a dog under the provisions of section 3 may separately confine, in some safe place, such dog captured by them, and shall report the capture to the health officer, and shall submit such dog to the examination of the health officer, or his representative, and it shall be the duty of the health officer, when called upon, to examine or have examined such dog, and to ascertain whether or not such dog is affected with rabies.

Sec. 5. Whenever the owner or person having the custody or possession of the animal shall observe or learn that such animal shows symptoms of rabies, or acts in a manner which would lead to a reasonable suspicion that it may have rabies, such owner or persons having the custody or possession of such animal shall immediately notify the health officer or his representative to make an inspection or examination of such animal until it shall be established to the satisfaction of said official that such animal has or has not rabies.

Sec. 6. Whenever it is shown that any dog has bitten any person, the owner or person having the custody or possession thereof shall, upon order of the health officer, quarantine it and keep it tied up or confined for a period of three weeks, and shall allow the health officer or other official of the board of health to make an inspection or examination thereof at any time during said period.

Sec. 7. If it shall appear to the health officer or his representative upon examination of the aforesaid or otherwise, that a dog or other animal has rabies, he shall kill and destroy such animal forthwith.

Sec. 8. Whenever any animal shall be bitten by another animal having rabies, the owner or person having the custody or possession of the animal so bitten shall, upon being informed thereof, either kill such animal or quarantine it, and keep it confined or tied up for a period of six months, and the health officer or his representative shall have power, in his discretion, to kill or quarantine the animal so bitten, in case the owner or person having custody or possession thereof shall fail to do so immediately, or in case the owner or person having the custody or possession thereof is not readily accessible.

Sec. 9. No person shall take a dog, or permit or encourage a dog to go from a city or town in which rabies exists, or has existed within six months previously, or from a place in the county within five miles of which rabies exists or has existed within six months previously, to any county in which rabies does not exist, or has not been known to be present within six months.

Sec. 10. No person shall bring a dog into

Digitized by Google

the county from a county in which rabies is present or has been known to be present within six months.

Sec. 11. Any person violating any of the provisions of this ordinance shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than $25, or not more than $200, or by imprisonment in the county jail for a period of not more than 100 days, or by both such fine and imprisonment.

Sec. 12. This ordinance is hereby declared to be an ordinance for the immediate preservation of the public health and safety, and shall take effect immediately, and prior to the expiration of fifteen days after the passage thereof shall be published one week in the newspapers of general circulation published in said county.

MORBIDITY.*

Smallpox.

Twenty cases of smallpox have been reported, the distribution being as follows: Fresno County 1, Fresno 2, Hayward 1, Oakland 4, Pomona 1, San Francisco 1, San Joaquin County 4, Santa Barbara County 2, Stockton 1, Ventura 2, Whittier 1.

Typhoid Fever.

Sacramento County and Sacramento City each reported one case of typhoid fever.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

*From reports received to date for last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Mar. 24 received by Mar. 27	Week ending			Reports for week ending Mar. 25 received by Mar. 28
	Mar. 3	Mar. 10	Mar. 17		Mar. 4	Mar. 11	Mar. 18	
Anthrax	0	0	1	0	0	1	0	0
Cerebrospinal Meningitis	2	3	5	1	2	1	3	1
Chickenpox	268	252	231	218	176	182	195	132
Diphtheria	150	178	152	95	139	160	184	143
Dysentery (Bacillary)	0	0	2	1	0	0	2	0
Epidemic Encephalitis	3	4	8	0	1	2	5	1
Gonorrhoea	132	172	65	52	118	97	52	60
Influenza	986	641	365	294	12197	5841	3911	1169
Leprosy	0	1	0	1	0	0	0	2
Malaria	1	2	2	1	0	1	2	3
Measles	573	641	681	456	23	23	15	25
Mumps	33	31	32	41	109	93	110	66
Pneumonia	199	180	176	78	300	310	264	183
Poliomyelitis	1	1	0	1	1	2	0	0
Scarlet Fever	189	218	201	140	132	105	129	123
Smallpox	23	20	22	20	54	58	59	36
Syphilis	117	132	88	60	135	77	93	93
Tuberculosis	75	182	187	86	159	160	211	193
Typhoid Fever	6	6	9	2	14	9	6	8
Whooping Cough	110	138	159	138	56	57	41	42
Totals	2868	2802	2386	1685	13616	7179	5282	2280

CALIFORNIA STATE PRINTING OFFICE

24245 3-23 5600

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

STANFORD MEDICAL LIBRARY

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

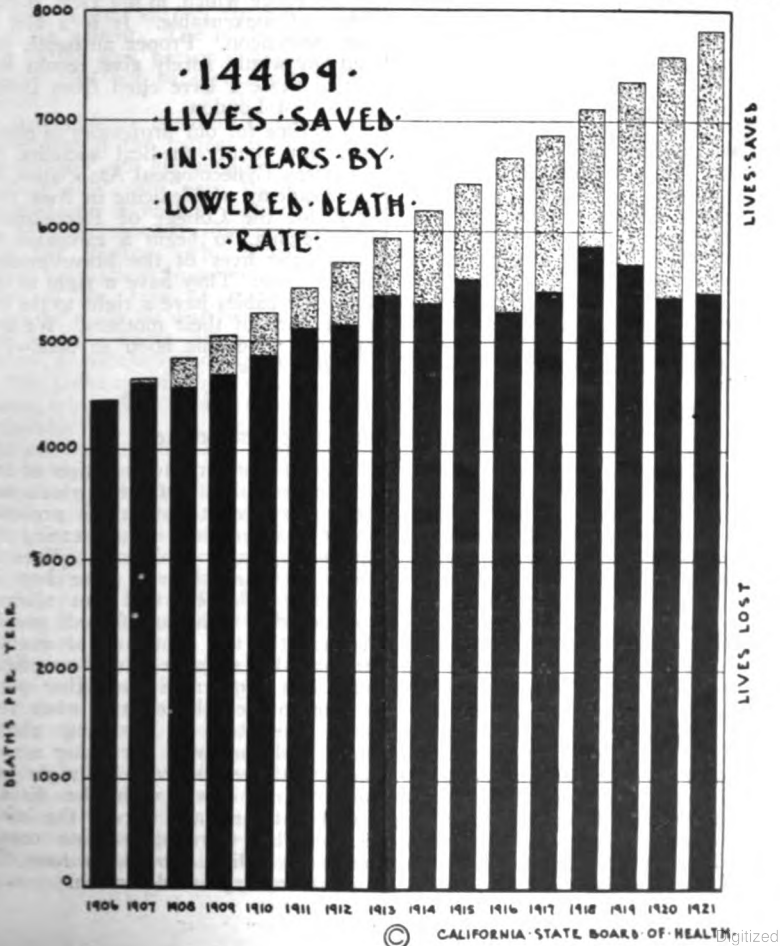
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

red as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

ptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 8 APRIL 7, 1923 GUY P. JONES EDITOR

REDUCTION IN TUBERCULOSIS MORTALITY IN CALIFORNIA, 1906-1921.



Digitized by Google

A SURGEON'S ANSWER.

By W. W. KEEN, M.D.

The true history of the conquest of childbed fever is as follows:

In February, 1843, Dr. Oliver Wendell Holmes showed conclusively that puerperal or childbed fever was contagious and that the doctors and nurses carried the disease from the sick woman to the well. This started a violent controversy, the embers of which were still red-hot when I began the study of medicine seventeen years later.

In 1846, Semmelweiss of Vienna was struck with the different rates of mortality from this fever in those women who were attended in child birth by medical students who, naturally, were often working in the dissecting room and brought into connection with other sources of contamination, and those who were attended by midwives who were not so exposed. In the former the deaths from childbed fever were 11.4 per cent. In the latter, only 2.7 per cent!

He made experiments on rabbits and became convinced that the students carried the poison to the mothers. He, therefore, compelled every student to cleanse his hands first with chlorine water and later with chloride of lime. Observe that both of these were antiseptics or germicides, as now we know. Of course, he knew nothing of germs. Nobody then did. The result was that very shortly the deaths from childbed fever in his wards fell to 1.27 per cent!

The puerperal mortality in all countries has long been deplorable because we knew nothing of bacteriology until the 80's. In my early days in the 60's and 70's, the usual mortality was about 5 per cent. Often "epidemics," as they were called, caused a mortality of 20, 30, 50, and even 55 per cent!

In 1879, in a debate in the French Academy of Medicine, on the cause of these epidemics, various probable causes were cited, but Pasteur declared that none of them caused the fever. He drew on the blackboard what we know as the *Streptococcus*. "That is the cause," he said. This germ is also responsible for erysipelas and various forms of blood poisoning which were so rife during our Civil War. Others then proceeded to investigate Pasteur's assertion and soon the *Streptococcus* was definitely accepted as its real cause.

In A. W. W. Lea's "Puerperal Infection," page 24, the results of the application of antiseptics to destroy this deadly germ are given.

In the Rotunda Hospital, Dublin, by adopting Pasteur's and Lister's methods, the mortality was reduced to three in each two thousand cases. In the Baudeloque Clinic in Paris, to 0.09 per cent! Boxall in the York Road Hospital, London, had a record of 8373 consecutive cases without a single death from childbed fever!

The first successful weapon against puerperal fever was obtained by Semmelweiss' experiments on animals, and by his use of antiseptics, but the real cause of the fever was not absolutely known until Pasteur proved it. Then the remedy was clear.

The present mortality from childbed fever is clearly due to the ignorance and the neglect of the attending physicians—an ignorance which, in my view, is culpable and inexcusable. It is a blot on our escutcheon. Proper antiseptic precautions would surely give results similar to those I have cited from Dublin, Paris and London.

It is time for our professors of obstetrics, our county medical societies, the American Gynecological Association, for the Academy of Medicine in New York City, for the College of Physicians in Philadelphia, to begin a campaign for saving the lives of the brave mothers of our race. They have a right to life, and their babies have a right to the fostering care of their mothers. We doctors can give this boon to both.—*The Woman Citizen.*

Breaking Quarantine.

Quarantine, or the isolation of any person who has a disease which may be transmitted to others, is probably the oldest method of preventing the spread of such a disease. Even in Biblical times, lepers were kept in separate colonies, and not allowed to mingle with uninfected people. Apparently the first use of quarantine in what may be termed an official way was in Venice and other ports in the fourteenth century, when vessels suspected of carrying plague were held for forty days after arrival so that those aboard who might just be coming down with the disease could not land and spread the infection. The word quarantine comes from the Italian *quarante* or forty, the number of days of detention.

Digitized by Google

Most countries still practice quarantine at ports of entry, but the forty day rule is no longer in use. Instead, if the vessel comes from a port where an epidemic is known to exist, or if cases of infectious diseases are found on board, the ship is held for the period of incubation of the disease; that is the usual number of days between exposure and the time of becoming sick. Where no infectious disease is found, the port physicians examine the passengers and if all seem well the vessel is "passed" and the people are allowed to land.

Quarantine in the home is on the same general principle—keeping suspects and those with the disease from mingling with others until there is no danger of spreading the disease. It used to be the practice to quarantine the whole house; today it is the more common practice in most diseases to isolate the patient in his own room and allow adult members of the household to come and go so long as they do not come in contact with the patient. The nurse who takes care of the sick person must also take specific care not to spread the disease herself.

Quarantine or isolation is fairly easy to enforce if the patient is ill in bed, for a really sick person doesn't want to see anybody. But once the patient is convalescent, a natural desire develops to see other members of the household and any visitors who may appear. When the patient is getting well is the time, in the case of many diseases, when he must be watched to see that he doesn't come in contact with others, particularly young children.

The problem of the isolation of a person infected with the germs of a communicable disease, but not confined to bed and only slightly sick or apparently completely cured, is a far different proposition, particularly if the infected person is a child. It is naturally difficult for a person who feels well to understand how he or she can possibly be dangerous to other people. But such persons are really the most dangerous because they are eager to associate with others.

Mothers and fathers are particularly apt to be lenient if the pet of the household has recovered from all symptoms, is apparently well, and wants to go out in the yard for a little sunlight and fresh air, but it should be remembered that if a child is unguarded, other children are very likely to crowd around a playmate whom they have missed on account of illness. It is probably in such a manner that most children become ill.

Quarantine rules and regulations are solely for the purpose of preventing the transmission of the germs of disease from an infected person to a non-infected person. If, for the sake of giving your child more liberty of action, you are the indirect cause of the infection of others through their contact with your child, your health board can hold you responsible for your action. Moreover, although your child may have had a light case, the infection in passing to another child may cause a very serious case and even result in death. Your personal belief that your child is no longer infective is no excuse for taking chances.

The period of isolation for a given disease is based either on actual laboratory tests for the presence of the infectious germ or on the length of time which long experience has shown is necessary for these organisms to disappear.

The only safe rule to follow is to obey the quarantine regulations laid down for you by your local board of health, remembering that if you violate these rules for your own convenience, your neighbor may follow your example, thus unreasonably exposing some member of your family to a dangerous disease.

You should be willing to apply the Golden Rule in this as in other phases of human intercourse.—Herman M. Biggs, M. D., New York State Commissioner of Health.

Typhus Fever Case Reported.

Another case of typhus fever was reported recently. The patient is an elderly man residing in Los Angeles. On the fifth day of his illness the typical rash appeared. Blood examination made at the Los Angeles city laboratory for the Felix-Weil reaction showed agglutination in 1:160 positive.

Mild cases of typhus fever appear at frequent intervals in California. The health officers in the southern part of the state are specially active in their efforts to keep the disease under control. While it is believed that Mexicans constitute the only sources of infection for cases of typhus that occur in California, it is a conspicuous fact that most cases reported within the state do not occur in Mexican people. Typhus is endemic in Mexico and as long as the disease is prevalent in that country, California must maintain active and continuous work in preventing the spread of the disease in this state.

Digitized by Google

Twenty-nine States Accept Sheppard-Towner Funds.

The legislatures of twenty-nine states, to March 28th, have ratified the acceptance of federal funds for work in child hygiene and maternal welfare.

The Sheppard-Towner act provides for the distribution of federal funds to those states maintaining activities for the promotion of infant and maternal welfare. The acceptance of the funds by the governors and legislatures of the various states is all that is required to secure this assistance. The legislatures of the following states have taken the action necessary to obtain the government subsidy:

Alabama
Arizona
Arkansas
Connecticut
Delaware
Georgia
Indiana
Idaho
Kentucky
Maryland
Missouri
Montana
Nevada
New Hampshire
New Jersey
New Mexico
North Carolina
North Dakota
Oregon
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
Wyoming

MORBIDITY.*

Smallpox.

Thirteen cases of smallpox have been reported, distributed as follows: Huntington Beach 1, Los Angeles 1, Modesto 2, Porterville 1, San Francisco 3, San Joaquin County 1, Santa Clara County 1, Tehama County 1, Ventura 2.

Typhoid Fever.

Ten cases of typhoid fever have been reported, the reports coming from the following localities: Fresno 1, Eureka 1, Oakland 2, San Francisco 2, San Joaquin County 3, San Luis Obispo County 1.

Cerebrospinal Meningitis.

Pittsburg and Tehama County each reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

Los Angeles and Santa Monica each reported one case of epidemic encephalitis.

Leprosy.

Los Angeles reported one case of leprosy.

Botulism.

Santa Monica reported two cases of botulism.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923 Week ending Mar. 10	1923 Week ending Mar. 17	1923 Week ending Mar. 24	1923 Reports for week ending Mar. 31 received by April 3	1922 Week ending Mar. 11	1922 Week ending Mar. 18	1922 Week ending Mar. 25	1922 Reports for week ending April 1 received by April 4
Anthrax	0	1	0	0	1	0	0	0
Botulism	0	0	1	2	0	0	0	0
Cerebrospinal Meningitis	3	5	1	2	1	3	1	1
Chickenpox	252	231	282	162	182	195	153	148
Diphtheria	178	151	160	127	160	184	163	151
Dysentery (Bacillary)	0	2	1	0	0	2	0	0
Epidemic Encephalitis	4	8	1	2	2	5	1	4
Gonorrhoea	172	65	89	143	97	52	70	58
Influenza	641	365	424	177	5841	3911	1529	717
Leprosy	1	0	0	1	0	0	2	1
Malaria	2	2	1	1	1	2	3	1
Measles	641	681	733	599	23	15	22	22
Mumps	31	32	43	20	93	110	71	43
Pneumonia	180	176	234	155	310	264	188	126
Poliomyelitis	1	0	0	0	2	0	0	0
Scarlet Fever	218	201	210	172	105	129	142	92
Smallpox	20	22	30	13	58	59	38	40
Syphilis	132	88	107	94	77	93	102	100
Tuberculosis	182	187	141	134	160	211	206	100
Typhoid Fever	6	9	2	10	9	6	8	5
Whooping Cough	138	159	211	130	57	41	44	55
Totals	2802	2386	2671	1944	7179	5282	2743	1664

CALIFORNIA STATE PRINTING OFFICE

245 4-23 5500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

LIBRARY

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, Jr., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

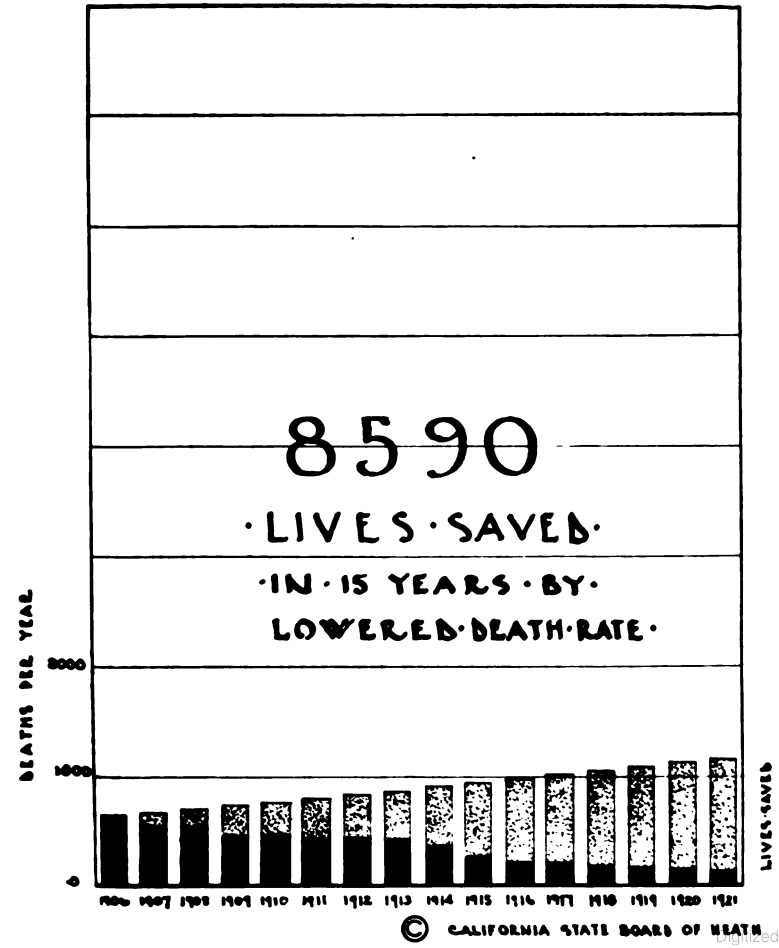
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

ered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

ptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 9 APRIL 14, 1923 GUY P. JONES EDITOR

DEATHS FROM TYPHOID IN CALIFORNIA, 1906 TO 1921.



© CALIFORNIA STATE BOARD OF HEALTH

Digitized by Google

Full Time County Health Units Working.

California's four new full time county health departments are flourishing. Starting a new county health organization requires skill, judgment, tact and knowledge. The four new health officers are exercising all of these attributes and they are at the same time building their organization upon conservative, permanent foundations.

Dr. John J. Sippy is the health officer of San Joaquin County, the new public health unit, which includes all of the incorporated cities as well as rural territory within the county. Stockton, Lodi, Tracy and Mateca have joined the new unit with enthusiasm, enabling Dr. Sippy to proceed without hindrance in the establishment of his organization. For many years Dr. Sippy was epidemiologist of his organization. For many years Dr. Sippy was epidemiologist with the Kansas State Board of Health. He has been connected recently with the Montana State Board of Health.

Dr. Chas. Halliday has been appointed health officer of Monterey County. He has been associated with Dr. A. J. Chesley, Secretary of the Minnesota State Board of Health, and during the past few years has been doing epidemiological work in Poland and Russia. It is believed that all of the incorporated territory within Monterey County will be included with the rural territory in this new public health unit. Dr. Halliday is proceeding carefully with his work of organization.

The Orange County full time health unit was the first organized and Dr. W. Leland Mitchell, county health officer, is sending in reports that show a mass of worthy accomplishments. His department is now fully organized and active results are beginning to show.

The San Luis Obispo County unit, under the direction of Dr. L. F. Badger, county health officer, is in process of organization. It is hoped that all of the incorporated territory within the county may be included in the unit.

Limited Use of General Death-Rates.

A general death-rate, or gross death-rate, is of little use until it has been analyzed.

The "total solids" in a water analysis gives the chemist almost no idea of the quality of the water: it is necessary to separate the "solids" into their constituent parts. In the same way a general death-rate must be broken up into its constituent parts. At the present time the analysis of death-rates is practiced but little. *Death-rate analysis today is in about the same condition that water analysis was in fifty years ago.*—GEORGE C. WHIPPLE.

Health in Utopia.

The Utopians, who earnestly discussed this question, long ago rejected and condemned the opinion of those who said that the mere passive condition of good health ought not to be counted a pleasure, because it cannot be sensibly perceived and felt by some outward motion. Sickness is accompanied by sadness, which is as inimical to pleasure as sickness is to health; why then should not pleasure lie in the mere possession of health? It does not matter whether you say that sickness is sadness, or that in sickness there is sadness; or whether health is a pleasure itself; or a necessary cause of pleasure, as fire is of heat. It still follows that those who are in perfect health cannot be without pleasure. When we eat, health which began to be impaired, fights, by the help of food, against hunger. In this fight health, little by little, gets the upper hand, and this process ministers to that pleasure which refreshes us. Health, therefore, is happy in the conflict, and why should it not be joyful when it has attained the victory? As soon as it has recovered its pristine strength, which was the only thing it fought for, why should it be troubled? Will it not rather recognize and welcome its well-being and goodness? So they think it untrue to say that health cannot be felt. What waking man does not feel himself in health—unless he is not so? Is there anyone so insensible and lethargic that he will not grant that health is acceptable and delectable? And what is delectation but pleasure under another name!—From Sir Thomas More's "Utopia" (A. D. 1516).

New Publication on "Control of Malaria."

A new publication entitled "Malaria in California" has been issued by the California State Board of Health. The report consists of a detailed summary of malarial conditions in nine widely separated California communities and presents recommendations and estimates for control work. The report was written by Louva G. Lenert,

Digitized by Google

sanitary engineer with the International Health Board, now a member of the staff of the California State Board of Health, and Edward T. Ross, chief sanitary inspector of the board.

The following mosquito abatement districts are covered in the publication: Redding, Anderson, Cottonwood, Los Molinos, Durham, Oroville, Fair Oaks.

The territories in the vicinities of Merced and Visalia are also covered in the report.

Exercise in Moderation.

Physical exercise is necessary in the maintenance of good health. It will not prevent the contraction of communicable disease, however; nor will it take the place of proper food, sleep and other important factors in the promotion of good health. Moderation in muscular exercise should be observed.

The New York State Department of Health, in a radio talk recently broadcasted by that department, issued some sound advice relative to the value of muscular exercise and its limitations.

The "talk" in part, is as follows:

"Exercise is a fundamental health requirement. It is essential to keeping up the tone of the muscles and of the organs of the human mechanism. But just now there is a wave of popular interest in muscle training, which has been taken advantage of by some teachers of physical culture who have outlined their own systems of muscular development. While these systems properly used are worth while, they can not be considered as panaceas for all the ills that flesh is heir to. They will not serve as substitutes for proper diet, fresh air and sufficient sleep.

"'Fifty deep knee bends each morning followed by fifteen minutes stationary running and a cold plunge will make a new man of you,' said one of these physical culture fanatics to the tired business man of forty-eight, whose hardest work for years had been lacing his shoes and running for the elevator. Such advice is liable to cause a great deal of harm to the person who follows it without previous preparation.

"Moderation in all things, particularly in exercise, must be the motto of the man who wants to keep his physical mechanism functioning at 100 per cent efficiency or to restore it to normalcy after a long period of neglect.

"It may be disastrous to play such an innocent game as handball more than twenty minutes the first time out, or to put an entire afternoon into tennis or baseball following one or several seasons vacation from all sports. It is equally hazardous and foolish to join a gymnasium class and take the whole series of exercises as given to the older members of the class the first day. The least serious result of such conduct would be severe lameness and muscle soreness and a violent aversion to any and all forms of exercise for several days.

"An overdose of muscular activity is harmful. Wisely selected exercise is just what the average person needs. Nothing can take the place of muscular activity. Pills, drugs, stimulants, massage, baths, treatments, are not substitutes. You may not realize it, but unless you are, day by day, using your muscles more or less completely, you are losing some of their power and decreasing your general efficiency. If you are not sure of the condition of your heart and vital organs have a thorough examination made by a competent physician. Get his advice as to the limitations of exercise. Consult an expert in physical education. After you have taken your inventory, be guided by him as to the amount and variety of activity, even if you find it necessary to make drastic changes in your methods of living to conserve your stock of life energies.

"Many people keep drawing on the health bank account set aside during their own youth and on the heritage from a line of vigorous, hard-working, open air ancestors until they suddenly realize that their account is nearly overdrawn and that Nature, the great examiner, is about to call a reckoning. Then they rush madly to violent exercise just as a spendthrift often tries to retrieve his fortunes by a wild dash into speculation. Both hope quickly to regain the capital they have squandered. Often both lose their remaining balance and go into complete bankruptcy.

"Find out your health standard! Invest your energy wisely! Build it up by safe and sane methods. Energy thus wisely invested pays dividends in increased happiness and usefulness as well as in length of days.

"Recreation in the open air is the best form of exercise. The fun element should enter into the activity. Sports serve a triple purpose. They recreate physical, mental and spiritual energy. In youth they make up the

Digitized by Google

main business of life; in middle age and later years in moderation they serve to keep the spirit of youth alive.

"Baseball kept up each year may be played until well into the forties. Volley ball is a team game of international popularity. Hockey and cricket, tennis, handball, squash, racquets, golf, croquet, bowling, fencing, boxing, all these have good points. For those who can not join in such contests or combats there are individual activities as walking, skating, snowshoeing, horseback riding, fishing, hunting, etc.

"The biggest asset a man can have is an open air hobby such as fishing, hunting, exploring, or anything that calls one forth into God's great gymnasium, the out-of-doors. Let us remember that it is worth while to plant trees, to weed the garden, to shovel snow, to wash the auto, to mow the lawn, to scrub the kitchen floor, for the good it does our muscles as much as for the saving of our money.

"Certain kinds of work may be classed as healthy exercise, though not always considered real recreation."

MORBIDITY.*

Smallpox.

Thirty-four cases of smallpox have been reported, the distribution being as follows: Los Angeles 13, Monterey 1, Pomona 4, Red Bluff 2, San Francisco 2, San Joaquin County 6, Stanislaus County 2, Stockton 4.

Typhoid Fever.

Nine cases of typhoid fever have been reported from the following localities: Los Angeles 1, Martinez 1, Oakland 1, Ontario 1, San Anselmo 1, San Francisco 1, San Joaquin County 2, California as a whole 1.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, one each from Alameda, Los Angeles and San Francisco.

Leprosy.

Sacramento reported 1 case of leprosy.

Epidemic Encephalitis.

Six cases of epidemic encephalitis have been reported, Los Angeles reporting 2 and Ontario, San Francisco, Suisun and Tulare County each reporting one.

Rocky Mountain Spotted Fever.

Lassen County reported one case of Rocky Mounted spotted fever.

Poliomyelitis.

Los Angeles reported one case of poliomyelitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending April 7 received by April 10	Week ending			Reports for week ending April 8 received by April 11
	Mar. 17	Mar. 24	Mar. 31		Mar. 18	Mar. 25	April 1	
Anthrax	1	0	0	0	0	0	0	0
Cerebrospinal Meningitis	5	1	2	3	3	1	2	2
Chickenpox	231	282	175	268	195	153	151	163
Diphtheria	151	160	141	137	184	163	161	117
Dysentery (Bacillary)	2	1	0	4	2	0	1	0
Epidemic Encephalitis	8	1	2	6	5	1	4	0
Gonorrhoea	65	89	138	101	52	70	68	90
Influenza	365	424	219	131	3911	1529	854	294
Leprosy	0	0	1	1	0	2	1	0
Malaria	2	1	1	0	2	3	3	1
Measles	681	732	813	944	15	22	22	16
Mumps	32	43	21	30	110	71	56	54
Pneumonia	176	234	207	66	264	188	211	101
Poliomyelitis	0	0	0	1	0	0	1	0
Rocky Mt. Spotted Fever	0	0	0	1	0	0	0	0
Scarlet Fever	201	210	174	184	129	142	101	109
Smallpox	22	30	13	34	59	38	44	41
Syphilis	88	107	107	133	93	102	113	100
Tuberculosis	187	141	155	153	211	206	288	86
Typhoid Fever	9	2	10	9	6	8	7	16
Whooping Cough	159	211	206	164	41	44	67	66
Totals	2386	2670	2385	2370	5282	2743	2155	1256

24245 4-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 10 APRIL 21, 1923 GUY P. JONES EDITOR

GAMBUSIA AFFINIS;

Its Use in Mosquito Control.

By LOUVA G. LENERT,

Sanitary Engineer, in charge of mosquito control, California State Board of Health.

"Gambusia affinis" is the name given to a small, surface-feeding, top-minnow whose native home is in the southeastern part of the United States, ranging from New Jersey southward along the Atlantic seaboard and westward along the entire Gulf coast and as far as Del Rio, Texas, near the Mexican border. It is also found as far north as Tennessee and Missouri. In the South it is frequently spoken of as the "Pot-belly," a cognomen applied because of the shape of the female during breeding season.

The generic name, "Gambusia," is derived from the name "Gambusiana," commonly used in Cuba, which means "small" or "of no importance." It is well that its name was decided upon before its economic value was learned, otherwise we might have been confronted with a name a yard long, in which an attempt would be made to describe its true worth. There is no way in which this could be estimated, but in a small way it can be said to be worth many millions to the Southern States.

It feeds largely upon insects, and wherever it inhabits water in which mosquitoes breed, its principal food consists of mosquito larvae. For the destruction of mosquito larvae it has been found superior to any other species. Because of its small size it is able to penetrate to very shallow depths, where it is free from the attack of predacious fishes. Great numbers are often found in water less than an inch in depth. In fact, conditions which are ideal for mosquito propagation are usually also suited to "Gambusia affinis." It seeks its food at the surface, along the edges of ponds, in the marsh grass and swamps, where it is also protected from large fishes. It is not often found in the open waters where game fish are present.

This fish is viviparous, vigorous and very hardy. It requires no special environment for spawning, the young being in an advanced state of development at birth and not subject to the same dangers which beset the young of oviparous fishes. It is very prolific, producing as many as six to eight broods in a season and averages forty young to a brood. Three generations may be represented in a single season. At birth these minnows are approximately one-half inch in total length, and they have been observed to begin their life of larvae destruction when not more than one day old.

The female attains an average size of two inches when matured, exceptionally large one reaching possibly two and one-half inches in total length while the male rarely attains a length of more than one and one-fourth inches.

Because of its extreme prolification, easy propagation, ability to adapt itself to different conditions and to reach areas not penetrated by other species,

Digitized by Google

exceptional devouring capacity, general habits and living in identical areas with mosquito larvae, "Gambusia affinis" is the most valuable natural agent known for the abatement of mosquito breeding.

As a control measure these minnows may be introduced in stockponds, cisterns, shallow wells, water-troughs, surface reservoirs, irrigation canals, and similar places where oiling or draining prove impracticable. They are especially useful in the suppression of mosquito breeding in slowly moving streams, sloughs and pot-holes in drainage channels.

The question is often asked why, with such a valuable ally, mosquitoes continue to exist in the Southern States. Perfect mosquito control can be secured in any body of water by planting "Gambusia affinis" therein, provided the area is first properly conditioned. Nature's protection of mosquito production consists of algae, drift, debris and aquatic or other dense vegetation. Clean edges and surface free of debris and floating vegetation are of prime importance. Erect vegetation, such as cattails, when not too dense, will not prevent the penetration and control of mosquito breeding by these minnows. Sufficiently clear, shallow edges are necessary as a protection from game fish when present.

Local "hatcheries" are desirable in every locality where the use of "Gambusia affinis" is anticipated. These should be, preferably, rather small ponds containing some plant growth, free from the natural enemies (game fish, water snakes, water fowls, bait collectors, etc.) of the minnows, and situated where they will be easily accessible by automobile or wagon. Only under very exceptional circumstances will it be found necessary to feed them.

In order that every weapon known might be put to use in the control of mosquitoes in California, the State Board of Health in April, 1922, secured a shipment of "Gambusia affinis" from Texas and established a hatchery in what is known as the lily pond at Sutter's Fort, Sacramento. Since that date local hatcheries have been established in Redding, Anderson, Los Molinos, Oroville, Meridian, Bakersfield and Los Angeles. The stock on hand for this purpose now is almost unlimited. Many communities will avail themselves of this opportunity of securing a start for their local "hatchery."

Nature's balance must be remembered at all times, however, and the fact kept in mind that these finny friends can only be counted on for perfect results when proper conditions are met with. They cannot accomplish miracles, and will never entirely replace the ditching, cleaning, brushing and oiling work necessary in every well organized mosquito-control program.

Age, Weight, and Prospects For Living a Long Life.

In its March Statistical Bulletin, the Metropolitan Life Insurance company says that for persons beyond the age of 30, underweight is distinctly an advantage so far as a favorable prospect of mortality is concerned. It adds, "It is erroneous to suppose that weight should increase with age, as we have been led to believe by the tables for average weights. This increase with advancing age is, of course, a very common occurrence, but there is every indication that it is a disadvantage and should be carefully avoided. The public health movement in its attack upon the diseases of adult and later life will do well to bear this fact in mind.

"The body weight of persons in adult and later life gives a fair indication of the amount of work which is thrown upon the digestive, circulatory and excretory systems. As men grow older, the difficulties of normal functioning of these systems increase with the accumulation of impairments. At the same time, persons as they advance in age seem to grow more inclined to take in more food, especially proteins and fats, and less inclined to indulge in wholesome exercise. This has a tendency to place more and more of a strain upon the food utilization machinery and consequently, to hasten the breakdown of the organs concerned in these processes. A realization of these facts on the part of the public would lead, no doubt, to marked changes in habits of diet and exercise and to an amelioration of conditions which today lead to so much mortality from diseases of the heart, blood vessels and kidneys. There is abundant clinical evidence to prove that through the restriction of diet and the encouragement of exercise in adults the conditions premonitory of organic impairment and eventual breakdown of the circulatory and excretory systems have been averted. These facts from life insurance records only tend to reinforce what hygienists have been advocating for years."

Digitized by Google

Automobile Camps Not For Permanent Residence.

The practice of permitting persons who use municipal and community automobile camps to live in such camps for an indefinite period of time should be stopped without delay. Authorities in charge of many such camps are altogether too lax in the supervision of these places. Automobile camps are not designed for permanent places of residence and the equipment, in most of them, is entirely inadequate for housing campers properly during the entire year. Unless care is exercised in this matter, the automobile camps will defeat the very purpose for which they have been established. Complaint has been made that our camps are developing a new type—the "auto hobo." Time limits should be placed upon the stay of every camp outfit.

Two More States Accept Sheppard-Towner Funds.

Iowa and Oklahoma have recently been added to the list of states whose legislatures have accepted the federal grant, under the Sheppard-Towner law, to be used for work in maternal and infant welfare.

Thirty-one of the states have adopted this necessary procedure for securing federal aid. The bill providing for the acceptance of this money for use in California has passed the assembly and at this writing is about to be acted upon in the senate.

Twelve Smallpox Cases In the Same Family.

Twelve cases of smallpox at the same time in the same family constitutes a record in California.

The first case was in a Los Angeles girl, aged eleven. She was taken ill early in March. On the 27th of March another member of the family became ill, followed the next day by two more. On the 29th, two more children and the mother were taken sick and on the 31st three additional members took to their beds. The last two cases in the family appeared on April 1st and April 4th. None of those who were sick had ever been vaccinated.

Course for Administrators and Instructors in Schools of Nursing.

A special course for administrators and instructors in schools of nursing is offered by Stanford University during the first five weeks of the summer quarter, June 19 to July 25, 1923.

The course is arranged for those interested in either or both of these two specializations of nursing and is open to graduates of accredited schools of nursing who meet the university entrance requirements of graduation from an accredited high school or carefully considered equivalents.

The course will be under the direction of Caroline E. Gray, Director of the Department of Nursing Education, Western Reserve University.

Living accommodations will be available in the women's dormitory on the university campus or in private boarding houses on the campus or in Palo Alto. Many nurses who are engaged in public health work and who are eligible for the course will, no doubt, avail themselves of this opportunity for special instruction. Application blanks and further information may be obtained from the Registrar's office, Stanford University, Cal.

Strychnine, Not Pasteur Treatment, Causes Death.

A resident of San Bernardino, who was bitten by a rabid dog, took the Pasteur treatment for the prevention of the disease. Several months after the completion of the treatment this man was brought to the hospital. He showed symptoms of acute poisoning and died within a few minutes after entering the hospital. An examination of the stomach contents showed the presence of strychnine. Investigation proved that the patient had shortly before his death taken a dose, supposedly of a commercial salt, in common use. The bottle from which he took this supposed salt was washed out and the washings examined for the presence of strychnine, with positive results. A rat, inoculated with washings from the bottle, died within ten minutes.

The Pasteur treatment, therefore, had nothing to do with this man's illness and death. It has been proved conclusively that death was due to strychnine poisoning. Unfortunately, considerable publicity was given to the case in San Bernardino, with the implication that the Pasteur treatment caused the patient's death. The facts in the matter, however, are exactly the reverse.

Digitized by Google

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

MORBIDITY.*

Smallpox.

Twenty-eight cases of smallpox have been received, the cases being distributed as follows: Bakersfield 1, Hayward 7, Los Angeles 5, Kern County 1, Ojai 4, Pomona 2, San Joaquin County 3, Stockton 2, Ventura 3.

Typhoid Fever.

Seven cases of typhoid fever have been received, each of the following localities reporting one case: Contra Costa County, Imperial County, Riverside County, Riverside City, Sacramento County, San Joaquin County and Sonoma County.

Cerebrospinal Meningitis.

Los Angeles reported 3 and Santa Rosa and Sonoma County each reported 1 case of cerebrospinal meningitis.

Poliomyelitis.

Chico reported one case of poliomyelitis.

Epidemic Encephalitis.

Five cases of epidemic encephalitis have been reported, each of the following localities reporting one case: Alameda County, Long Beach, Los Angeles, Merced County and San Francisco.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending April 14 received by April 17	Week ending			Reports for week ending April 15 received by April 18
	Mar. 24	Mar. 31	April 7		Mar. 25	April 1	April 8	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	2	4	5	1	2	2	0
Chickenpox	282	175	301	282	153	151	177	117
Diphtheria	160	141	158	155	163	161	128	126
Dysentery (Bacillary)	1	0	4	2	0	1	0	0
Epidemic Encephalitis	1	2	7	5	1	4	0	3
Gonorrhoea	89	138	114	119	70	68	91	52
Influenza	425	219	211	63	1529	854	310	134
Leprosy	0	1	1	0	2	1	0	0
Malaria	1	1	0	4	3	3	1	1
Measles	732	813	1113	726	22	22	17	30
Mumps	43	21	34	38	71	56	62	67
Pneumonia	234	207	71	45	188	211	103	90
Poliomyelitis	0	0	1	1	0	1	0	1
Scarlet Fever	210	174	216	120	142	101	123	89
Smallpox	30	13	34	28	38	44	43	40
Syphilis	107	107	146	103	102	113	100	80
Tuberculosis	141	155	188	138	206	288	110	145
Typhoid Fever	2	10	7	7	8	7	16	9
Whooping Cough	211	206	221	147	44	67	87	43
Totals	2670	2385	2831	1988	2743	2155	1370	1027

24245 4-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 11 APRIL 28, 1923 GUY P. JONES EDITOR

HUMAN CAPITAL.

A century ago Sismondi showed that the health and strength of the workers and the energy of the race are the most precious forms of capital that can be amassed. However prosperous it may appear, an industry which leads to permanent deterioration in the workers' health is a social evil.

Industrial medicine considers man not only as an isolated individual but also as a group element, a unit participating in the formation of human capital, a link in the chain of the race, a cell in the human organism, a factor in the general prosperity in which he participates and of which he is the creator and the producer.

The strength and vitality of the race depend upon the quality of its progenitors. The people's wealth and power depend on their work, the value of which depends in its turn upon the number and quality of its producers. An essential condition of national prosperity is the possession of sufficient numbers of healthy workers.

As a philosopher once said: "The first condition of success in this world is to be a healthy animal, and the first condition of national prosperity is that the nation shall be composed of healthy animals. That, however, is not all. Not only does it often happen that the outcome of a war depends upon the strength and bravery of the troops, but in industrial struggles also victory * * * depends upon the physical strength of the producers."

Man is just as much capital as is a machine or a horse, of which the cost price and the probable output must be considered. His output depends upon his health, and upon his physical, intellectual and moral value.

During the active period of his existence, a healthy man produces normally more than he consumes from birth till death. During illness or disability he produces less or ceases entirely to produce, becoming a burden to collectivity. Healthy adults must produce for the nonproducers, *i. e.*, children, old people, the sick and the infirm.

General prosperity depends, therefore, upon the proportion of producers to nonproducers. It grows as the number of the former increases and the number of the latter decreases. Industrial medicine aims at increasing the number and value of producers and the length of their period of productivity, and at reducing as far as possible the number of nonproducers (the sick and infirm) by fighting the causes of sickness.

Medicine and public health, by preventing avoidable illness and premature deaths and by reducing unproductivity caused by illness or infirmity, lessen the social burden and unproductive expenditure and increase production by increasing the number and value of workers.—Dr. Sicard de Plauzoles, Paris.

Digitized by Google

Start Hay Fever Prevention Early.

In hay fever coming at practically the same time each year, a fairly accurate guess as to the cause can often be made by noting the particular grass or weed or flower pollen most common at that time. In hay fever or asthma occurring at odd times during the year it is wise first of all to have a competent physician examine the throat and nose for any obstruction in the upper air passage. If none can be found there, it should be noted whether the attack is preceded by contact with certain animals, absence of which gives relief. In many cases asthma may come from the presence of cat hair or dog hair in the dust of the house, actual contact with the animal not being necessary to bring on an attack. It should next be noted whether the patient is free from symptoms when away from home. If so, then experiments should be tried to determine the exact cause by substituting hair for feather pillows, cotton for hair mattresses, etc. Women and girls afflicted with either hay fever or asthma should be careful not to use talcum powders containing orris root. Note should also be made as to whether the symptoms always appear after eating certain foods. In hay fever due to pollens the eyes should be protected by goggles when one is exposed as in walking in the fields, or automobile riding, for the pollen often reaches the nose from the eyes through the tear duct.

If these suggestions all fail, a physician can oftentimes decide definitely what is causing the trouble by inoculating into the skin of the arm minute amounts of a sterile extract of each of the pollens and other such materials as might produce the symptoms. No discomfort is felt until the substance actually causing the trouble is injected when a slight swelling, reddening and itching occurs. Once the right substance is thus detected relief from the affliction can usually be obtained by weekly inoculations of increasing doses of an extract of the substance in question, thus causing the body to manufacture its own antidote.

It is interesting to learn what results may be expected from taking the treatment which has been indicated. One specialist has reported that of over 1700 cases treated by him 25 per cent were entirely relieved of their symptoms, 50 per cent more were sufficiently improved so that they could attend to their work, and were quite comfortable, 15 per cent were only slightly relieved, while 10 per cent were not benefited.

The results of treatment are said to vary with the strength of extract used and the intelligence of the patient in carrying out instructions. As a rule it must be repeated each year. Many patients show a tendency toward a recurrence of the disease in succeeding years, necessitating other courses of treatment. Some people seem to outgrow the disease. At all events, the treatment even if it does not permanently cure the disease, at least serves as an alternative for the former necessity of seeking a hay fever colony or taking an ocean trip.

Plague Slumbering in California.

Reading reports of public health conditions throughout the world, during the past few years, makes one feel that he is fortunate in that he lives in a country where public health is safeguarded properly. A statistical abstract recently issued as a parliamentary paper in England shows that during the decade, 1910-1920, 3,500,000 residents of British India died of plague, a number equal to the entire population of California. During the same decade there were 3,866,000 deaths from cholera and 809 deaths from smallpox. The figures show that each year, during 1910-1920, there was an average of 817,000 deaths from epidemic diseases. Since the introduction of plague into India there have been more than 10,500,000 deaths from this disease.

It was not many years ago that plague occurred in epidemic form in California. The disease is still slumbering within the state. A human case occurs occasionally and infected rodents, both rats and ground squirrels, are found continually. The United States Public Health Service, in cooperation with the State Board of Health, conducts operations toward determining the extent of the infection in this state. California is fortunate in that plague has not flared up recently.

Digitized by Google

Institute for Public Health Nurses in Los Angeles.

An institute for public health nurses will be given by the California State Board of Health and the University of California Summer Session at the southern branch of the University of California, Los Angeles, July 23d to August 4th. Subjects of importance in the work of a public health nurse will be taken up in this institute. The program is similar to that of last year's institute at Berkeley, with the exception of the fact that there will be no field work on the program for this year. Nurses who attended the Berkeley institute profited through their attendance. It is believed that the Los Angeles institute will be equally successful. Nurses in southern California have expressed a strong desire to attend the courses in the southern part of the state. This has led to the decision to hold an institute in the south each alternate year.

The program will cover the two weeks from July 23d to August 4th and the sessions will be three hours in length, from 1 to 4 of each afternoon except Saturday and Sunday of each week. A special program and trip has been planned, however, for Saturday, July 28th. The mornings will be free in order that nurses who desire, may visit clinics or special points of interest in and about the campus and city.

Admission can be secured only through application to the State Board of Health, 727 Forum Building, Sacramento. It is required that applicants be either graduates of an accredited course in public health nursing, or public health nurses who have had at least one year of field work in public health. Application blanks will be forwarded to persons requesting same. Each nurse who is properly registered and who has been in attendance during the entire institute will be granted a certificate by the State Board of Health.

Protest Use of Tobacco in Health Centers.

Dr. F. E. Corey, health officer of Alhambra, makes a vigorous protest against the use of tobacco in the health center. He says, in a communication addressed to the State Board of Health: "The practice of smoking will surely nullify, in some degree, the influence of health officers, especially in offices where mothers bring their babies and where children come to be taught the care of their bodies." His formal protest, published at his urgent request, reads as follows:

> The man who advocates virtue while practicing vice will have more influence to promote vice, than to encourage virtue. Consistency is a jewel of practical value.
>
> Although the practice of the majority has the power with many minds to make vice seem virtue, there are a few, a respectable minority, who regard the use of tobacco as a vice, unnecessary, offensive to some, and to say the least, not conducive to physical or moral health; certainly its use is not necessary for the development or maintenance of perfect health.
>
> The health center is to teach and illustrate, not only the control of contagious diseases but the ideals of perfect health. The influence of example will exceed the influence of profession.
>
> How can a health center expect to fulfill its high purpose and command the respect of all people, if its officers indulge in a habit known to be injurious and make their offices offensive (to some) by tobacco smoke.

MORBIDITY.*

Chickenpox.

Among the reports received were the following: Alameda City 23, Berkeley 21, Livermore 1, Oakland 12, Orland 2, Eureka 7, Los Angeles County 15, Alhambra 2, Azusa 1, Glendale 8, Inglewood 1, Los Angeles City 58, Pasadena 26, Pomona 2, San Fernando 1, Riverside City 8, Sacramento City 10, San Francisco 47, San Joaquin County 10, Lodi 3, Manteca 1, Stockton 1, Tracy 1, San Jose 7, Yosemite 4.

Measles.

Among the reports received were the following: Alameda County 8, Alameda City 12, Berkeley 52, Livermore 3, Oakland 104, Piedmont 3, Calaveras County 2, Contra Costa County 3, Richmond 7, Eureka 6, Kern County 3, Bakersfield 3, Los Angeles County 52, Alhambra 3, Burbank 1, Claremont 7, El Segundo 1, Glendale 11, Inglewood 15, Long Beach 28, Los Angeles 185, Monrovia 10, Pasadena 14, Santa Monica 3, Whittier 8, Torrance 2, Hawthorne 2, Southgate 5, Mariposa County 3, Modoc County 7, Orange County 86, [illegible]ton 5, Santa Ana 3, [illegible]ento City 6, Col[illegible] Bernardino 1[illegible] 21, Chula V[illegible] Oceansid[illegible] Lodi 12[illegible]

Digitized by Google

Tracy 2, San Luis Obispo County 6, Santa Clara County 3, Gilroy 1, San Jose 7, Santa Clara 9, Petaluma 9, Dinuba 8.

Whooping Cough.

Among the reports received were the following: Alameda City 2, Berkeley 12, Oakland 9, Los Angeles County 7, Burbank 1, Covina 3, Glendale 2, Huntington Park 3, Long Beach 2, Los Angeles City 27, Pasadena 6, San Gabriel 1, San Marino 2, Sacramento City 4, San Diego County 2, Chula Vista 6, San Francisco 5, San Joaquin County 4, Stockton 4, Tracy 9.

Scarlet Fever.

Among the reports received were the following: Alameda County 3, Alameda 3, Berkeley 5, Oakland 8, Richmond 3, Fresno County 2, Eureka 4, Los Angeles County 10, Long Beach 2, Los Angeles City 39, Pasadena 4, Pomona 3, Hawthorne 1, Sacramento City 11, San Francisco 29, Stockton 3, Vallejo 2, Stanislaus County 4, Newman 1, Red Bluff 5.

Smallpox.

Six cases of smallpox were reported, distributed as follows: Los Angeles City 4, San Francisco 1, Stanislaus County 1.

Typhoid Fever.

Seven cases of typhoid fever were reported, the distribution being as follows: Berkeley 2, Fresno City 1, Long Beach 1, Riverside County 1, Sacramento County 2.

Cerebrospinal Meningitis.

Four cases of cerebrospinal meningitis were reported, as follows: San Francisco 3, Sonoma County 1.

Epidemic Encephalitis.

Four cases of epidemic encephalitis were reported, as follows: Los Angeles County 1, Los Angeles 3.

Diphtheria.

Among the reports received were the following: Alameda City 3, Berkeley 1, Oakland 16, Los Angeles County 3, Alhambra 3, Long Beach 3, Los Angeles 39, Monrovia 1, Pasadena 2, San Fernando 1, Santa Ana 2, Sacramento County 1, Sacramento City 2, Stanislaus County 2, Modesto 2, Tulare County 2.

*These data are from reports received up to last Tuesday afternoon. Reports received since that time will be included in next week's report.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending April 21 received by April 24	Week ending			Reports for week ending April 22 received by April 25
	Mar. 31	April 7	April 14		April 1	April 8	April 15	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	4	6	4	2	2	0	2
Chickenpox	175	301	331	281	151	177	118	122
Diphtheria	141	158	176	136	161	128	134	98
Dysentery (Bacillary)	0	4	2	2	1	0	0	0
Epidemic Encephalitis	2	7	5	4	4	0	3	0
Gonorrhoea	138	114	127	67	68	91	55	115
Influenza	219	211	104	108	854	310	169	90
Leprosy	1	1	1	0	1	0	0	1
Malaria	1	0	4	7	3	1	1	1
Measles	813	1113	1011	947	22	17	32	19
Mumps	21	34	39	18	56	62	76	60
Pneumonia	122	70	61	81	211	103	96	96
Poliomyelitis	0	1	1	0	1	0	0	0
Scarlet Fever	174	216	145	153	101	123	103	76
Smallpox	13	34	49	6	44	43	46	23
Syphilis	107	146	104	80	113	100	80	93
Tuberculosis	155	188	151	214	288	110	149	182
Typhoid Fever	10	7	9	7	7	16	10	5
Whooping Cough	206	221	208	126	67	87	59	75
Totals	2300	2830	2534	2241	2155	1370	1131	1058

24215 4-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

MEDICAL
MAY
1923

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 12 MAY 5, 1923 GUY P. JONES EDITOR

WHAT THE SCHOOL NURSE DOES.

The school nurse, says the U. S. Public Health Service, should have good health, sound ancestry, tactful and equable temperament, and love for and understanding of children. In addition to her regular training and health work she would better have some experience in public health nursing, in the essentials of nutrition, and in school sanitation. If she also possesses some knowledge of matters that seem more properly to belong to the work of the school physician, so much the better.

In general, one nurse should be assigned to from 1,000 to 2,000 pupils, the exact number depending on the physical conditions prevailing in the school district. In rural communities lack of funds usually compels an increase in the quota of children assigned to one nurse. If the school nurses are under the jurisdiction of the health authorities, public health and school work can be combined, thus greatly reducing duplication in home visiting; in this case the quota assigned to one nurse might be reduced to 500.

The "routine" duties of each school nurse, whether working with a full time or a half time health officer, comprise (1) A daily meeting, preferably in the morning, in a room set aside for the purpose, for the inspection, instruction, and disposition of all children referred to her who are suspected to be suffering from communicable diseases, from parasitic skin infections, or from any complaint calling for emergency help; (2) frequent inspections of class rooms for discovering unreported cases of communicable diseases, and for noting the cleanliness, temperature, ventilation, and illumination of rooms and the seating of the pupils; (3) giving health instruction to pupils and to teachers; (4) doing follow-up work; and (5) observing the sanitary condition of the school buildings and grounds.

Special duties depend a good deal on whether the school physician is working on whole or half time. Where whole-time physicians are employed the work of the nurse is commonly confined to assist them; where volunteer or half-time physicians are employed her work may include much wider duties, which are of course done under the physician's direction. Most usual among such duties is that of making physical inspections for the detection of the more obvious defects of children and the referring of children found to be handicapped to the physician for confirmation of diagnosis and for advice as to proper treatment.

Other special duties, such as holding special classes, open-air schools, and school clinics are rarely undertaken in cities except by physicians. In rural districts, however, where the demand for health work is much greater than the supply, the nurse will often be called upon to act as representative of the state health officer in the control of communicable diseases

Digitized by Google

and in giving instruction on posture, nutrition and general health.

On taking charge a nurse should (1) make contact with the county and local health officers and endeavor to correlate her duties with the other health activities of the district; (2) learn the prevailing state laws in regard to communicable diseases and medical inspection; (3) establish friendly relations with influential persons and organizations interested in the work.

After making a preliminary survey to ascertain the location and accessibility of her schools, the number of pupils, the cooperation to be expected from teachers, etc., the nurse should prepare a schedule for her visits to the different schools, so that the day and hour of her coming will always be known in advance to teachers, parents and pupils. Such a schedule will be of very great help to her in discharging her arduous duties.

Preventive Medicine and Humanity.

It has been said that we stand today at the door of opportunity, and that upon us of this generation has been imposed the duty of laying the foundations of a new epoch. It is true that other and better men have gone before us and we enter into their labors, as other and better men will follow us and enter into ours. But our responsibility is none the less sure. Knowledge, clearness of mind, the broad vision, strength of will and sympathy of heart have been in the past, and they will be in the future, the inspiration of all high human endeavor. As a student and a workman, I avow my belief that in order to reach their fulfillment the science and art of Preventive Medicine need the same inspiration. No far-reaching medical reform is separable from social reform, which in its turn finds its source in the highest aspirations of the people. Thus, here on this common physical plane, here or nowhere, the issue must be determined and the ancient ideal of Hippocrates attained—"the love of humanity associated with the love of craft." For the impairment of the physique of the human body is the impairment of intellectual and moral fibre, and the body is the tabernacle of the spirit of man."—Sir George Newman.

Stearate of Zinc Powder Causes Three Deaths.

Three California infants have died during the last few months through the accidental inhalation of stearate of zinc powder. This product, although in very common use, is extremely dangerous when used without proper regard for safety. The powder should never be left where infants can gain access to it and manufacturers should be required to place a warning concerning its dangers upon every label. This danger lies, not in swallowing the powder, but in the inhalation. It is important that mothers attending health centers and clinics be instructed concerning the proper use of stearate of zinc and the danger of leaving it where it may fall into the hands of infants.

State Board Examination for Public Health Nurses.

An examination for public health nurses, as provided in sections 3062 and 4225*a* of the Political Code, will be given by the State Board of Health on May 9th. The examination will be given in Los Angeles and in Berkeley, beginning at 9 a.m. The Los Angeles place of examination will be in the office of the California State Board of Health at 821 Pacific Finance Building and the place of the examination in Berkeley will be in room 104, Hygiene and Pathology Building. Applications will be received by the California State Board of Health at its office in Sacramento. The examination is open only to registered nurses in California who show evidence of having completed an eight months' course of public health nursing in a school of public health nursing, the requirements of which are acceptable to the California State Board of Health.

New York Acts to Protect Water Supplies.

At a recent meeting of the Public Health Council of New York State, an amendment to the State Sanitary Code was adopted forbidding any officer, board, corporation or other person or group of persons owning or having by law the management or control of any potable public water supply from changing the source of such supply, changing the method of treatment or making any change

Digitized by Google

which may affect the sanitary quality of such water supply without first notifying the local health officers of the municipalities concerned and giving them an opportunity to be heard. When such notice has been given to the local health officer he must immediately inform the State Commissioner of Health by telegram or telephone. This new regulation which took effect May 1, 1923, was adopted as the result of a recent outbreak of over 1000 cases of disease in a local community following the action of the local water board in changing the source of supply to a polluted lake without notifying the health officer, or installing chlorinating apparatus, or taking any other precautions to protect the health of the consumers.

A Broken Health Circuit.

An examining physician for the marine corps, who, in the past four years, has examined more than 8000 young men between the ages of 17 and 22, found only about one in three anywhere near physical perfection. During the war, when the draft revealed its unpleasant facts as to the proportion of American youth unfit for military service, the whole nation gasped and resolved to improve its way of living. Apparently a good deal remains to be done.

Lack of rest, unwise eating and extreme styles in footwear were the basic reasons for most of the physical unfitness discovered by the marine doctor. Unless the nation mends its ways he sees a gloomy outlook.

It is nearly five years since the war ended. During these years the country has been flooded with health propaganda and suggestions for proper diet and exercise. Still, apparently, close to two-thirds of the nation's young men remain far below the standard. Somewhere there is failure in making the health connection. The ills are known, and the cure, but who can find the break in the circuit?—Alameda *Times-Star.*

The Schick Test Defined.

The Schick test is made by injecting a tiny amount of diluted diphtheria toxin beneath the outer skin layer of the forearm. If the person is immune to diphtheria, that is to say if his blood contains substances that neutralize the toxin that is injected, nothing results. But if his blood does not contain such substances a small rosy spot soon appears at the point of injection and persists for a few days. It causes little or no discomfort.

The value of the Schick test lies in its pointing out those who are susceptible to the disease and in thus enabling them to be immunized by toxin-antitoxin before an epidemic breaks out. It also enables those who are not susceptible (estimated as being from 20 to 30 per cent of children and 35 to 50 per cent of adults) to save the expense of immunization either before or during an epidemic. This is the second great step in the fight against diphtheria, the first being the introdution of diphtheria antitoxin, which came into general use about the beginning of the century and which caused the diphtheria death rate to drop from 43.3 per hundred thousand of the population in 1900 to 15.3 per hundred thousand in 1920, the latest year for which figures are available.

Notwithstanding the distances to be covered and the relatively high cost and difficulties of such work in rural districts, the value of the Schick test and of the toxin-antitoxin immunization is so great that it should be included at all appropriate times in the programs of health departments. Particularly should this be done in rural regions, where the degree of susceptibility to the disease is greatest and where facilities for prompt and adequate treatment are most frequently lacking.

MORBIDITY.*

Diphtheria.

One hundred thirty-three cases of diphtheria were reported, the distribution being as follows: Oakland 9, Piedmont 1, Oroville 3, Colusa County 1, Pittsburg 1, Richmond 3, Kern County 2, Bakersfield 1, Los Angeles County 10, Los Angeles 63, Monterey Park 1, San Fernando 1, Torrance 1, Mendocino County 1, Riverside 1, San Francisco 27, Stockton 1, San Mateo 1, Santa Barbara 1, San Jose 1, Loyalton 2, Sonoma County 1.

Scarlet Fever.

One hundred forty-seven cases of scarlet fever were reported from the following localities: Alameda 1, Berkeley 3, Oakland 11, Colusa County 1, Pittsburg 1, Richmond 7, Fresno County 1, Humboldt County 1, Eureka

Digitized by Google

2, Kern County 3, Los Angeles County 7, Alhambra 1, Glendale 1, Long Beach 1, Los Angeles 32, Monterey Park 2, Pasadena 2, Pomona 5, San Gabriel 2, Mendocino County 2, Ukiah 3, Orange County 1, Sacramento County 3, Sacramento 6, San Benito County 1, Needles 1, San Diego County 1, National City 1, San Francisco 25, Manteca 1, Stockton 2, San Jose 2, Stanislaus County 2, Modesto 2, Turlock 1, Tehama County 8, Ventura County 1.

Whooping Cough.

Two hundred one cases of whooping cough were reported, distributed as follows: Berkeley 15, Oakland 10, Piedmont 4, Contra Costa County 2, Eureka 1, Corcoran 4, Lemoore 17, Los Angeles 13, Monrovia 1, Monterey Park 2, Pasadena 24, Santa Monica 1, Whittier 2, Fort Bragg 2, Merced County 3, Monterey County 7, Riverside 7, Sacramento 11, Hollister 1, Ontario 1, San Francisco 19, San Joaquin County 4, Stockton 8, San Luis Obispo 6, Santa Clara County 2, Los Gatos 2, Palo Alto 2, San Jose 24, Solano County 2, Benicia 2, Santa Rosa 1, Tulare County 1.

Smallpox.

Eighteen cases of smallpox were reported, distributed as follows: Oakland 2, Kern County 1, Taft 1, Los Angeles 3, Roseville 1, San Joaquin County 2, Stockton 4, Santa Cruz 1, Red Bluff 2, Ventura County 1.

Typhoid Fever.

Five cases of typhoid have been reported, distributed as follows: Fresno County 1, Los Angeles 1, Pasadena 1, Escondido 1, Stockton 1.

Anthrax.

One case of anthrax has been reported from Humboldt County.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received on April 30th and May 1st for week ending April 28, 1923.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending April 28 received by May 1	Week ending			Reports for week ending April 29 received by May 2
	April 7	April 14	April 21		April 8	April 15	April 22	
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	4	6	4	1	2	0	3	1
Chickenpox	301	331	298	266	177	118	127	127
Diphtheria	158	176	147	133	128	134	119	82
Dysentery (Bacillary)	4	2	3	3	0	0	0	0
Epidemic Encephalitis	7	5	4	1	0	3	0	1
Gonorrhoea	114	127	74	76	91	55	127	50
Influenza	211	104	124	73	310	169	157	87
Leprosy	1	1	0	0	0	0	1	0
Malaria	0	4	8	2	1	1	1	0
Measles	1113	1014	1092	1022	17	32	19	22
Mumps	34	39	23	33	62	76	86	55
Pneumonia	70	61	95	40	103	96	171	62
Poliomyelitis	1	1	0	0	0	0	1	0
Scarlet Fever	216	143	163	147	123	103	94	84
Smallpox	34	49	8	18	43	46	23	32
Syphilis	146	104	87	53	100	80	95	33
Tuberculosis	188	151	240	145	110	149	195	127
Typhoid Fever	7	9	11	5	16	10	5	3
Whooping Cough	221	210	192	201	87	59	83	46
Totals	2830	2537	2573	2220	1370	1131	1307	812

24245 4-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 13 MAY 12, 1923 GUY P. JONES EDITOR

SOFT DRINKS.

By E. J. Lea, M.S., Director Bureau of Foods and Drugs.

At the present time there appears to be far more violation of the food law in the line of soft drinks than in any other class of materials under the jurisdiction of the Pure Foods Act. It is true, however, that a certain amount of improvement has been made with regard to adulteration and mislabeling of soft drinks since the food law became effective in 1908. Harmful colors, harmful flavors and saccharine have been practically eliminated, but by far the greater proportion of soft drinks, at the present time, consist either wholly or largely of imitation concoctions which masquerade as fruit drinks.

The labels of these products are usually designed in such a way that the name of a fruit or the picture of fruit is the most conspicuous part of the label and, frequently, they are the only features which catch the eye of the consumer. In some cases, by carefully scrutinizing the label, further information may be found to the effect that the article contains many substances which are entirely foreign to fruit and the analysis of the product may disclose that little or none of the fruit is present.

It is not alone the labels which are deceptive, but extensive advertising, usually more deceptive than the labels, is conducted by the use of bill boards, placards, circulars, newspapers, etc. For example: A beverage labeled "Orange Squeeze" was advertised on billboards by the use of a picture of a hand squeezing orange juice into a glass. This design, prominently featuring fruit, was made very attractive by appropriate colors and the natural inference from seeing the advertisement would be that the product called "Orange Squeeze" consisted essentially of orange juice. The facts in the case are that the so-called "Orange Squeeze" consisted of citric acid, sugar, water, orange oil flavoring from the peel of the orange, and the entire mixture was colored with coal tar dye in imitation of an orange juice product.

A beverage labeled "Orange Crush," which has also been extensively advertised, was originally composed of ingredients similar to the above. More recently a small proportion of orange juice has been included, but the amount is so small that the finished drink contains less than one-half of one per cent of any product from the orange. The original labels for the so-called "Orange Crush" contained no information to the effect that the article was almost entirely an imitation. The newer labels, however, declare in small print the various ingredients present, but the advertising of this article on billboards, placards and in newspapers still carries the idea that the drink is made from oranges.

A beverage labeled "Orange-Nip," "Prepared from Pure Orange Juice,"

Digitized by Google

has recently been analyzed by this bureau and found to consist entirely of sugar, water, citric acid, orange flavor and orange peel, coal tar dye and less than one-half of one per cent of orange juice.

Numerous other examples might be mentioned, such as "Orangeade," "Cherry Smash," "Grape Punch," etc., which are largely, if not entirely, imitation products.

Millions for Soft Drinks.

This subject may seem of minor importance, and yet in the aggregate it has been estimated that the annual expenditure for these beverages in the United States is over five hundred million dollars. The industry has swelled in a few years to enormous proportions. Formerly confined to the small local soda-pop manufacturer and circus lemonade vendor, it now supports numerous large plants, many of which do a national business on an extensive scale.

From the standpoint of healthfulness, toning qualities, and vitamines, soft drinks may be classified in two groups, namely, those which are made of fruit or fruit juice, and those which are not. The soft drinks which really consist of fruit juice are exceedingly scarce. The majority of the drinks are not even "near-fruit" drinks.

Pure fruit juices from certain fruits, such as grapes, loganberries, apples and pineapples, are bottled commercially. These genuine fruit juices are generally carried by grocers for family trade, and they may also be had in many places, such as dining cars, buffets, hotels, etc., where drinks are dispensed; but the business in the genuine fruit drinks is very small as compared with that in imitation drinks.

There has been a tendency during recent years to label as true fruit drinks certain preparations which contain a minute amount of highly concentrated extract or essence derived from the fruit; the other ingredients, forming the bulk of the drink, being imitation products. These fruit essences do not contain the healthful and nutritious properties of the fruit; they provide only the fruit odor, and their use does not justify the labeling of the drink as a true fruit drink. Many of these concentrated true fruit essences are fortified with imitation essences derived from synthetic ethers.

Some of the so-called fruit drinks are first manufactured in the form of a concentrated syrup, containing a small amount of fruit juice and heavily loaded with coal tar dye. To these syrups the bottler adds an acid solution and then dilutes the mixture many times with water. When these drinks are finished for consumption the small amount of fruit juice present is diluted to such an extent that it has practically no bearing on the quality or value of the drink. These products, as usually manufactured, contain such a minute amount of fruit juice in the finished drink that they do not justify the labeling of the concoctions with the name of a fruit.

Pure Fruit Drinks.

Progress is being made in the manufacture of soft drinks from genuine fruits without the addition of acids or coal tar paint to imitate the fruits. The University of California has experimented along these lines and at the present time has prepared soft drinks made from strawberries, loganberries, raspberries, grapes, oranges and pomegranates.

These beverages are extremely palatable, have plenty of color from the natural fruit and, above all, they are healthful and nutritious, and their qualities are far superior to those of the imitation products.

It has been demonstrated fully that soft drinks can be prepared commercially from the fruit itself without any imitation ingredients, and that they can be manufactured at a cost which is not prohibitive.

California has an abundant supply of many different fruits, and it seems entirely reasonable and practicable to utilize more of these fruits in the manufacture of soft drinks. Furthermore, the general use of soft drinks made of fruit instead of the imitation products would greatly benefit the health of consumers.

The pure food laws were designed to protect the public and the honest manufacturers. Our experience in the manufacturing, labeling and advertising of soft drinks seems to indicate that the public is not properly advised as to the nature of the soft drinks which they purchase. Artificial color, which, in the case of soft drinks, is usually coal tar dye, seems to be the principal agent that contributes to the deception. Many manufacturers have told us that they could not sell their beverages at all

Digitized by Google

unless they used artificial color and, in fact, some of them have said that they could not continue in business if they did not use artificial color, because the consumers would not buy the drinks which did not have color.

In other words, a drink labeled with a fruit name and composed of citric acid, sugar, imitation flavor and water, without artificial color would not be accepted by consumers, but the identical mixture with the addition of a little artificial color would be favorably received. We are also advised by manufacturers that the word "imitation" on the label of soft drinks practically kills the sale of that drink: while the identical preparation without the word "imitation" on the label would have a normal sale.

It seems quite probable that many of the soft drinks are so artfully concocted and represented that they easily fool the public, and it is perhaps also true that people depend too much on their eyes and not enough on their intellects in the selection of beverages. The elimination of artificial color from soft drinks would solve the whole problem so far as the public is concerned, but, under the present construction of the statutes, this is apparently impossible. The protection the public is entitled to can only be secured by amending the food laws so that they will be more specific.

Measles a Dangerous Disease.

It will be noted that measles is extremely prevalent in California at the present time. This disease must be recognized as serious and every child is entitled to protection against contracting the disease, as well as to the best of care and nursing if he should be so unfortunate as to contract it. The old fallacy that a child should "catch" measles and have it over with has been exploded. "Measles teas," where mothers were accustomed to bring their children to a home where a child was suffering from measles, should never occur in California. An English writer has referred to such parties as "orgies of death."

It must be remembered that while the immediate results of measles may be exceedingly disastrous, by far the most harmful results lie in the after-effects. Tuberculosis, bronchitis, pleurisy, pneumonia, malnutrition and retarded growth often follow an attack of measles. In its complications and after-effects it is one of the most disastrous of all of the infectious diseases. Safeguarding against exposure, better nursing, medical attention and careful home supervision are all essential in the control of this disease.

MORBIDITY.*

Diphtheria.

146 cases of diphtheria have been reported, the distribution being as follows: Berkeley 3, Daly City 2, Oakland 6, San Francisco 27, Butte County 1, Pasadena 2, Glendora 1, San Jose 1, Ventura County 1, Alhambra 1, Los Angeles County 4, Los Angeles 62, Long Beach 6, Merced County 4, San Diego County 1, San Joaquin County 1, Colton 1, Bakersfield 4, Hillsborough 1, Stanislaus County 1, Colusa County 2, South Pasadena 1, Sacramento 2, Fresno County 2, Santa Clara County 1, Orange County 2, Santa Paula 1, Kern County 3, Kings County 1, Redding 1.

Scarlet Fever.

127 cases of scarlet fever have been reported, distributed as follows: San Francisco 18, Pasadena 6, Oakland 3, Whittier 1, Hawthorne 4, Taft 1, Eureka 1, Stockton 1, Santa Barbara County 1, Tulare County 1, Berkeley 4, Long Beach 7, Contra Costa County 3, Richmond 1, San Luis Obispo County 1, Palo Alto 1, San Bernardino County 1, El Segundo 1, Ontario 1, Pomona 4, San Jose 1, Los Angeles County 10, Los Angeles 34, Monrovia 2, Lindsay 1, Sacramento 5, Sacramento County 1, San Diego County 3, Piedmont 1, Merced County 1, San Joaquin County 1, Santa Clara County 1,, Dunsmuir 2, Orange County 2, Kings County 1.

Whooping Cough.

210 cases of whooping cough have been reported, distributed as follows: San Francisco 16, Corcoran 3, Long Beach 3, Los Angeles County 6, Los Angeles 22, El Monte 2, San Jose 6, Whittier 1, Venice 1, Berkeley 8, Alameda 2, Oakland 9, Pasadena 14, Santa Cruz County 3, San Joaquin County 17, Ontario 1, Taft 1, Lemoore 14, Stockton 5, Tracy 2, San Diego County 4, Riverside 5, Vacaville 1, Solano County 2, Piedmont 1, Dinuba 2, Hercules 1, Merced County

Digitized by Google

1, San Luis Obispo County 2, Salinas 1, Eureka 2, Fresno County 9, Sacramento 3, Santa Clara County 4, Banning 2, Santa Barbara 2, South Pasadena 1, Kings County 29, Marin County 2.

Measles.

1127 cases of measles have been reported, the distribution being as follows: Stockton 160, San Leandro 6, Ross 12, Hayward 6, Pasadena 7, San Joaquin County 59, Beaumont 6, Anaheim 6, Berkeley 58, Los Angeles County 42, Los Angeles 180, San Jose 16, Alameda 27, Livermore 31, Ontario 6, Lodi 6, Orange County 44, Santa Clara County 14, Sacramento 28, Eureka 5, Torrance 5, Colusa County 13, Dinuba 13, San Diego County 7, Manteca 7, Long Beach 15, Santa Clara 18, El Monte 7, Whittier 6, Oakland 157, Pomona 1, Hawthorne 1, El Segundo 1, Riverside 1, Visalia 1, Piedmont 2, Solano County 1, Fullerton 1, Winters 1, Alhambra 1, San Francisco 84, Bakersfield 3, Palo Alto 1, Sacramento County 2, Santa Maria 4, Albany 4, Colusa 1, San Luis Obispo County 3, Fresno County 1, Richmond 1, San Fernando 2, Santa Ana 3, East San Diego 8, San Bernardino County 3, Santa Paula 1, Santa Barbara 2, Mariposa County 1, Burbank 3, Colton 1, Tracy 1, Redwood City 1, Petaluma 3, Fowler 1, Vallejo 1, Claremont 4, Placerville 2, Redding 8, Monterey 3.

Smallpox.

41 cases of smallpox have been reported, distributed as follows: Hayward 4, Los Angeles County 1, Los Angeles 20, Pomona 1, Santa Clara County 1, Stockton 4, Ventura 8, Ventura County 2.

Typhoid Fever.

14 cases of typhoid have been reported, distributed as follows: California 1, Fresno County 2, Los Angeles 1, Oakland 1, Red Bluff 1, Sacramento County 2, San Francisco 2, San Joaquin County 2, Tehama County 1, Torrance 1.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, 1 each from Sonoma County, Visalia and Los Angeles.

Leprosy.

San Jose reported one case of leprosy.

Epidemic Encephalitis.

Colton reported one case of epidemic encephalitis.

Epidemic Jaundice.

Los Angeles reported 5 cases of epidemic jaundice.

*From reports received on May 7th and 8th for week ending May 5th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending May 5 received by May 8	Week ending			Reports for week ending May 6 received by May 9
	April 14	April 21	April 28		April 15	April 22	April 29	
Anthrax	0	0	1	0	0	0	0	0
Cerebrospinal Meningitis	6	4	1	3	0	3	2	4
Chickenpox	331	298	271	224	118	127	176	120
Diphtheria	173	147	145	146	134	119	123	108
Dysentery (Bacillary)	2	3	5	1	0	0	6	5
Epidemic Encephalitis	5	4	1	1	3	0	2	5
Epidemic Jaundice	0	0	0	5	0	0	6	1
Gonorrhoea	127	74	90	87	55	127	63	106
Influenza	104	124	71	447	169	157	120	66
Leprosy	1	0	0	1	0	1	0	1
Malaria	4	8	2	5	1	1	0	3
Measles	1011	1092	1131	1127	32	19	29	13
Mumps	39	23	36	23	76	86	78	49
Pneumonia	61	95	81	54	96	171	111	102
Poliomyelitis	1	0	0	0	0	1	1	0
Scarlet Fever	143	163	160	127	103	94	118	76
Smallpox	49	8	21	41	46	23	62	34
Syphilis	104	87	56	66	80	95	89	95
Tuberculosis	151	240	173	134	149	195	216	129
Typhoid Fever	9	11	10	14	10	5	10	10
Whooping Cough	210	192	269	210	59	83	78	102
Totals	2534	2573	2524	2716	1131	1307	1290	1029

2-23-5 5-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 14 MAY 19, 1923 GUY P. JONES EDITOR

Prenatal and Postnatal Work in San Francisco.

The Public Health Committee of the San Francisco Center of the California Civic League has completed a survey of the hospitals and clinics of San Francisco for the purpose of determining the amount of prenatal and postnatal work done in that city. It was found that the private hospitals assume no responsibility whatever in regard to prenatal and postnatal care, this being considered as belonging entirely to the function of the private physician. Information was obtained by means of a questionnaire which was taken to the various institutions by members of the committee.

A study of the answers to the questionnaires showed that in some of these institutions there is a carefully planned system of work based upon modern scientific medicine and modern sociological thought but it was felt by the investigators that, even in the best of these, the work, good though it may be, is not always adequate for the needs of mother and child. Sometimes the plan fails through lack of funds, shortage of workers, and other causes.

In some of the hospitals the medical supervision during the antepartum period seems less strict than in others. While they all apparently conform to an equal standard of thorough physical examination they do not all exercise the same watchfulness over the pregnant woman. There is a notable difference in respect to work involving laboratory tests. For instance, at Mt. Zion Hospital, a detailed blood-examination, including cell-count and Wasserman test is a routine procedure and the urine is examined every two weeks. In some of the hospitals such work is only done when indicated by some abnormal symptoms.

There is a wide variation in postpartum care. In the University of California Hospital the mother is discharged at the end of fourteen days, is told to return in one month and is then kept under observation for a period of one year. Should the woman fail to return, a letter is sent to her inquiring into the cause of her absence. At the Children's Hospital, a nurse visits the mother at her home immediately after her dismissal from the hospital and the visit is repeated when necessary. Later, the woman returns to the clinic for examination. In contrast to these are the hospitals in which no follow-up work is done; the woman is given a final examination at the end of ten days or two weeks after parturition, is then dismissed and if no abnormality is present is not asked to return for further observation.

In some of these institutions there are well baby clinics to which the mother is encouraged to bring her infant for supervision and help in its upbringing. However, despite the fact that the value of such advisory clinics is well recognized (as is shown by the statement from nearly all hospitals that the mother is urged to take her baby to some such center), many of the hospitals have not met this need. In those hospitals where well baby clinics are established there is an attendance in some instances as high as 100 per cent of the mothers confined in the hospital.

Postpartum and well baby clinics would seem to attain a greater useful-

Digitized by Google

ness to the mother when in direct contact with the hospital, as women will return readily to a place with which they are familiar and a staff to which they are known. Much of the excellent maternity work done at the San Francisco Hospital is jeopardized by the system which compels the mother, discharged from this service at the end of the ten day period, to go to Stanford or University of California hospitals for further observation and treatment. All of the above institutions apparently recognize the need of instructing the mother in the care of her infant, but in only a few is this duty assumed with any degree of thoroughness. The Stanford University Medical School gives an example of what can be done in this respect; weekly prenatal clinics are held at which lectures, illustrated by practical demonstration upon a manikin, are given to the expectant mother concerning her personal hygiene and proper care of the baby. The manikin is undressed, bathed and dressed properly before the patients, special care of the various parts of the body being emphasized. In some of the institutions this work is more or less haphazard in character, at times merely taking the form of a little advice passed on by a student or graduate nurse.

The Children's Health Center is doing splendid service in its classes for pregnant women. At this center there is no practical medical work done, the organization being devoted purely to the purpose of education along the lines of infant and maternal welfare. The women are taught how to care for themselves and their infants, and while they are never recommended to any particular physician, they are educated to the necessity of seeking competent medical advice.

The response to the questionnaires was very encouraging and the committee feels that the work done in most of the above mentioned institutions indicates a lively appreciation of the need of a more thorough maternity service and an earnest endeavor to supply that need.

It must be acknowledged that the present century will have done more than any other century for the care of the poor, of the sick and of little children. With the ever-present idea of helping them, it will have accomplished three important things for it will have fought disease, poverty and ignorance.—Pasteur.

We do not ask a sufferer: What is your country or your religion? We say: It is enough that you are suffering. You belong to me and I will care for you.—Pasteur.

Sterilize New Shaving Brushes Before Using.

The California State Board of Health has issued many warnings relative to the danger of contracting anthrax through the use of shaving brushes that are not sterilized properly before being put into service. The need for this warning has been emphasized again by two recent fatal cases of anthrax contracted through the use of infected shaving brushes. These deaths occurred in residents of northern California, one of whom lived in Humboldt County and the other in Trinity County, and their infections in both instances are attributed to the use of new shaving brushes.

The brush used by the Trinity County man was purchased in 1921 but had never been used until April of 1923. It is possible for the anthrax organism, since it is a spore bearer, to lie dormant for many years. Because it is a spore bearing organism it is extremely resistant to ordinary methods of disinfection. Considerable difficulty has been encountered, for this reason, in devising a method of sterilization which will kill the organism without destroying the brush itself. The following method has been put forth by the United States Public Health Service.

"The brush should be soaked for four hours in a 10 per cent solution of formalin (by formalin is meant a 40 per cent solution of formaldehyde). The solution should be kept at a temperature of 110° F. and the brush so agitated as to bring the solution into contact with all hair or bristles."

The United States Public Health Service in 1918, conducted an extensive survey of all establishments in the United States manufacturing shaving brushes, only about twenty in number, and as a result important regulations governing the sterilization of hair and bristles used in the manufacture of shaving brushes were added to the Interstate Quarantine Regulations. It is presumed that all shaving brushes manufactured in this country since these regulations went into effect, are reasonably safe for immediate usage without sterilization. However, a large number of shaving brushes manufactured before this regulation went into effect are still on the market, and since the anthrax organism may lie dormant for many years there is a possibility

Digitized by Google

that brushes purchased at the present time may be potential sources of danger. The United States Public Health Service in May, 1919, issued a circular letter to all state and local health authorities embodying the statement that the continued occurrence of cases of anthrax due to infected shaving brushes led the bureau to believe that the regulation covering the sterilization of all brushes in trade channels was not being complied with. The service at that time advised that any brushes found in the market which do not bear the name or the trade mark of the manufacturer, should be regarded with suspicion and should be returned to the source from which they were secured, or should be disinfected.

Most shaving brushes are made of horsehair or pig bristles from Chinese and other Oriental sources. The hair is shipped in wooden cases which hold about 125 pounds. The hair is put up in bundles varying in length from 3 or 4 inches to perhaps 15 inches, and about 2 or 3 inches in diameter. These bundles must always be cleaned and disinfected. If proper methods are used there is no question about the safety of the product. Thorough methods of sterilization are required, however.

Two opposing laws seem today to be at issue: the one, the law of blood and death which each day invents new methods of attack, and forces humanity to be continually on the alert, ready for the battlefield; the other, a law of peace, of work and of safety, which seeks to deliver man from the scourges which threaten him. The one is always seeking to make fresh conquests by force; the other aims only at mitigating men's sufferings. The latter counts a human life of more value than many conquests; the former would sacrifice a hundred thousand lives to the ambition of one man. The law of which we are the interpreters seeks to remedy the evils of the law of war. Which of these two laws will gain the victory? God alone knows. But of this we may rest assured—French science will do everything possible, in obedience to the law of humanity, to extend the frontiers of life.—Pasteur.

As far back as my memory takes me in manhood, I never remember to have accosted a student without saying to him: Work and persevere; work is really pleasure, and it is the only thing which is profitable to the individual, to the citizen and to the state.—Pasteur.

It is given to science and to progress continually to discover new horizons. In his advance towards the discovery of the unknown, the scientist resembles the traveller who reaches higher and yet higher summits, whence he again perceives new regions to explore.—Pasteur.

MORBIDITY.*

Diphtheria.

138 cases of diphtheria were reported from the following localities: Santa Clara County 5, San Francisco 26, Oakland 9, Anaheim 1, Venice 1, Santa Paula 3, Hanford 2, Whittier 1, Orange County 4, Ventura County 2, Monrovia 2, Turlock 1, Contra Costa County 1, Stanislaus County 1, Long Beach 3, Glendora 1, Berkeley 4, Sonora 3, Kern County 1, San Diego County 1, Hermosa Beach 1, Santa Cruz 1, Sacramento 2, Santa Barbara 1, Tulare County 1, Bakersfield 3, Glendale 1, Yuba County 1, Hyde Park 1, Colton 1, Los Angeles County 5, Los Angeles 48.

Measles.

1297 cases of measles were reported, the distribution being as follows: Berkeley 52, Oakland 158, Livermore 15, Alameda 43, El Monte 6, San Gabriel 8, Whittier 7, San Diego County 6, Anaheim 11, San Bernardino County 13, Hyde Park 9, Hermosa Beach 11, Long Beach 16, Lodi 16, Pasadena 6, San Francisco 88, Colusa County 31, Huntington Park 13, Orange County 19, Banning 7, Santa Clara County 17, Glendale 9, Dinuba 32, Sacramento 52, San Joaquin County 46, Fresno County 6, Eureka 9, Santa Ana 10, Stockton 137, Ross 12, Hawthorne 1, El Segundo 3, Ontario 3, Beaumont 3, Monrovia 4, Pomona 1, Petaluma 2, Hollister 1, Colusa 1, San Mateo 3, Modoc County 1, Torrance 3, Burbank 4, Bakersfield 1, Riverside 1, Vacaville 3, San Leandro 3, Walnut Creek 2, Martinez 1, Redondo Beach 1, Sacramento County 4, Orange 1, Richmond 1, La Mesa 2, Chula Vista 2, Redlands 3, Pittsburg 1, Stanislaus County 2, Tracy 2, Manteca 3, Ventura County 1, Santa Paula 1, Kern County 1, Yolo County 1, Santa Barbara 1, Emeryville 2, Mountain View 1, Rialto 1, Los Angeles County 97, Los Angeles 255, Santa Maria 4, Santa Barbara County 2, Claremont 2.

Scarlet Fever.

159 cases of scarlet fever were reported, distributed as follows: San Francisco 19, Sacramento 10, Pomona 10, Stockton 5, Long Beach 5, Oakland 8, Sonoma County 2, Redlands 1, Burbank 1, Fullerton 1, Huntington Park 3, Mendocino County 1, Santa Monica 1, Sutter County 1, Fowler 1, Glendale 1, Santa Clara County 2, Redding 1, San Bernardino County 9, Hawthorne 1, Berkeley 3, El Segundo 1, Fresno County 2, Riverside County 2, Dinuba

Digitized by Google

1, Petaluma 1, Richmond 3, Contra Costa County 2, Santa Rosa 1, Sonoma County 2, San Joaquin County 3, Riverbank 1, Pasadena 4, Alhambra 1, San Gabriel 1, Orange County 3, Alameda 1, Los Angeles County 12, Los Angeles 32.

Whooping Cough.

174 cases of whooping cough were reported, the distribution being as follows: Berkeley 5, Oakland 6, Pasadena 26, Fort Bragg 20, San Francisco 12, Stockton 8, San Luis Obispo County 10, Riverside 5, Palo Alto 6, Kings County 11, Sacramento 4, San Joaquin County 2, Eureka 1, Lodi 1, Visalia 2, Tulare County 1, Merced County 3, Oroville 1, Monterey County 1, Chula Vista 1, Santa Rosa 2, Glendale 1, Banning 2, Alhambra 1, Monrovia 1, Venice 2, Whittier 3, San Diego County 1, San Gabriel 1, Ontario 1, Turlock 4, Eureka 1, Alameda 4, Los Angeles 18, Los Angeles County 6.

Smallpox.

15 cases of smallpox were reported from the following localities: Oakland 1, San Joaquin County 1, Stockton 4, Los Angeles County 2, Los Angeles 7.

Typhoid Fever.

19 cases of typhoid fever were reported, distributed as follows: Kern County 1, Alameda 1, Redwood City 1, San Francisco 1, San Joaquin County 1, Tehama County 1, Santa Cruz 1, Tulare County 1, Imperial County 4, Santa Clara County 3, Los Angeles 4.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis were reported, Oakland, Sacramento and Los Angeles each reporting one.

Leprosy.

San Francisco reported one case of leprosy.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received on May 14th and 15th for week ending May 12th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending May 12 received by May 15	Week ending			Reports for week ending May 13 received by May 16
	April 21	April 28	May 5		April 22	April 29	May 6	
Anthrax	0	1	1	0	0	0	0	0
Cerebrospinal Meningitis	4	1	4	3	3	2	4	3
Chickenpox	298	271	272	266	127	176	132	151
Diphtheria	147	145	167	138	119	123	119	113
Dysentery (Bacillary)	3	5	1	0	0	6	5	1
Epidemic Encephalitis	0	1	1	1	0	2	5	6
Gonorrhoea	74	90	106	91	127	63	109	94
Influenza	124	71	461	62	157	120	70	29
Leprosy	0	0	3	1	1	0	1	1
Malaria	8	2	5	4	1	0	4	2
Measles	1092	1132	1268	1297	19	29	15	33
Mumps	23	36	24	34	86	78	72	30
Pneumonia	95	81	57	56	171	111	176	60
Poliomyelitis	0	0	0	0	1	1	0	0
Scarlet Fever	163	159	172	159	94	118	91	126
Smallpox	8	21	43	15	23	62	34	28
Syphilis	87	56	77	177	95	89	99	133
Tuberculosis	240	173	136	180	195	216	141	154
Typhoid Fever	11	10	18	19	5	10	11	9
Whooping Cough	192	269	254	174	83	78	114	98
Totals	2569	2524	3070	2677	1307	1284	1202	1071

24245 5-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD [illegible] GLASER, M. D.

ADELAIDE [illegible], M. D.

ROBERT A. PE[illegible], M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 15 MAY 26, 1923 GUY P. JONES EDITOR

CLINICS GROWING RAPIDLY.

The increased number of public dispensaries and clinics that have been organized in the United States during the past few years and the extensive and growing patronage of these institutions is shown in a report issued recently by the American Medical Association. There were, in 1921, 3944 known dispensaries operating in the United States, 935 of which are out-patient departments of hospitals or independent dispensaries which provide general medical and surgical service for their patients. The total number of patients in all general and special dispensaries and clinics is estimated at 8,000,000 for the year 1921 and the total number of visits by these patients during the year is estimated at 29,500,000. Most of these institutions are located in the larger cities and while many of them provide free service the report indicates that there is an increasing tendency to charge nominal fees, thereby placing part of the cost of the institution upon the patient. With the total population of the United States a little over 100,000,000, it is obvious that approximately one-twelfth of the entire population of the country attended these dispensaries and clinics during the year 1921. The number attending these places at the present time is undoubtedly very much greater for there is a marked steady increase in the number of patients seeking treatment in general dispensaries. The increased attendance in dispensaries for child and maternal hygiene, tuberculosis, venereal disease and mental hygiene is particularly noteworthy. The important parts that these clinics are playing in the extension of medical service and health education to persons who are unable to pay, can not be overlooked. The fact that they are growing continually and the fact that more are being established all the time indicates that there will be no hindrance to their development and it would appear that they constitute a permanent factor in our national life.

Public Health Nursing Grows in California.

There are at least 440 public health nurses actively employed in public health work in California. There are but 12 out of the 58 counties in which public health nursing is not maintained. With the exception of two northern counties, these are all located in the mountainous districts and are not thickly populated. The counties in which no public health nurses are employed are the following:

Alpine	Inyo
Amador	Lake
Calaveras	Lassen
Del Norte	Mariposa
El Dorado	Mono
Glenn	Sierra

It is probable that some of these counties will, in the near future, undertake some phase of public health nursing, as there is an urgent need for this service in several of these communities.

Digitized by Google

Institute for Tuberculosis Workers.

The twelfth Institute of Tuberculosis Workers will be held in Los Angeles June 27 to July 12 and will be conducted by Phillip P. Jacobs, Ph.D., of New York, publicity director of the National Tuberculosis Association.

The purpose of the institute is to provide a course in training for those who already are engaged in tuberculosis work, or any who may wish to enter the field.

There are four main objectives in holding the institute: To aid workers already in executive positions in the tuberculosis field to be more useful in their present position; for those who have not had experience in the work to prepare for executive positions; to give volunteer workers a more comprehensive knowledge of the problems involved in the work and to assist in the standardization of methods and programs.

The plan of instruction in the study of tuberculosis work will be varied. There will be the round-table talks with discussions, and visits to the various institutions engaged in tuberculosis work.

Another phase of importance will be the study from a medical and scientific basis for a tuberculosis campaign. This will combine the subjects of infection, reinfection, immunity, resistance and prevention.

Nursing methods is another important part of study in this course.

Health training in schools will be a phase of study. This twelfth session of the institute will be held in connection with and under the auspices of the Summer Session in Los Angeles of the University of California at the Southern Branch. Those who are interested in attending this course should file their application at the earliest possible date at the office of the Summer Session, 815 Junior Orpheum Building.

Young children have much less resistance to contagious and infectious diseases than older children and adults, and in some instances, such as scarlet fever, measles, and diphtheria, are more susceptible than the newborn baby; but the baby is usually guarded from exposure while the runabout child is allowed to run his chances with diseases and hazards to life and limb.—William Palmer Lucas, M.D., in "The Health of the Runabout Child."

Enforcing Scarlet Fever Regulations.

Scarlet fever is prevalent in San Bernardino and the city officials are engaged in enforcing active measures of control. More than fifty cases have occurred. The fact that the outbreak is taken seriously is shown in the fact that two arrests for alleged violations of the law have been made. In the one instance a physician was arrested, charged with failure to report cases of scarlet fever. In the other matter, a tradesman was arrested for persistently entering houses that are under quarantine. The officials of San Bernardino are to be commended for the earnest efforts they are making to bring the outbreak under control. It would appear now that the epidemic has about come to an end.

The popular interest in the educational work of the public health authorities is genuine and widespread. The people are eager for it, and everywhere readily avail themselves of opportunities offered. The daily press carries constantly instructions as to the prevention of one disease, or the treatment of another, or some health story or column. It is only constant repetition of the lessons in varying form that finally produces, almost imperceptibly, a definite change in the habits of life and in the attitude towards disease. Experience, however, has demonstrated beyond any peradventure that successful results may be confidently anticipated, both by the methods which have been used in the past and by the greatly improved methods which are now being employed.

One serious handicap to the accomplishment of these ends in the future, to my judgment, will be the lack of a sufficient number of well trained and qualified physicians and public health workers, and their proper distribution. Under present conditions in many districts in the United States the number is now totally inadequate, and the ratio of physicians to population is slowly decreasing. The number of physicians who die or retire each year is greater than those who are annually licensed to practice medicine, and this difference will gradually increase, while at the same time the population of the United States is increasing at the rate of about 1,500,000 annually. The increase of population alone requires at least 1200 more physicians annually to properly provide for its medical care.—Herman M. Biggs, M.D., Health Commissioner, New York State.

Important Public Health Conferences Scheduled.

A large number of important medical and public health conventions, conferences and institutes will be held in California during the next two months. Among them are the following:

American Medical Association, San Francisco, June 25-29.

Digitized by Google

National Tuberculosis Association, Santa Barbara, June 20-23.

Child Hygiene Conference for Public Health Nurses, San Francisco, June 16-21.

Institute for Tuberculosis Workers, Los Angeles, June 27 to July 12.

Institute for Public Health Nurses, under auspices of California State Board of Health and Summer Session of the University of California, Los Angeles, July 23 to August 4.

Many Cases of Scarlet Fever Reported.

Scarlet fever is widely prevalent in California at the present time. More than 3000 cases of the disease were reported during the first four months of 1923. The total number of cases reported during the entire year 1922 was 5602. The following table gives the number of cases and deaths from scarlet fever in California for the past ten years:

SCARLET FEVER.

Year	Number Cases	Number Deaths	Rate per 100,000 population
1913	1695	85	3.2
1914	2831	83	3.0
1915	2893	53	1.9
1916	3894	34	1.2
1917	4422	49	1.6
1918	3196	54	1.7
1919	2870	55	1.6
1920	4117	90	2.6
1921	5557	117	3.3
1922	5602	92	2.5

During the last quarter of a century all the great epidemic diseases except influenza have been brought, in part at least, under control. The acute respiratory diseases alone of the infectious diseases endemic in temperate climates and causing high death rates remain without adequate means for their prevention. While the prevalence of the infectious and some other preventable diseases has been rapidly reduced during this period, largely because of the application to disease prevention of the scientific discoveries of the time, yet on the other hand cancer and the degenerative diseases of the middle and later periods of life have slowly but steadily increased their toll in deaths.

It is, I believe, now the opinion of the most competent public health authorities that an annual or biennial general physical examination of every member of the community made by experienced and qualified physicians, with subsequent instructions as to a proper mode of life and the correction of physical defects and the treatment of diseased conditions or abnormalities found, will contribute more to the future reduction of our morbidity and our mortality rates and to the prolongation of life than any other single medical or public health procedure or activity.—Hermann M. Biggs, M.D., State Commissioner of Health, New York State.

MORBIDITY.*

Diphtheria.

152 cases of diphtheria have been reported, from the following localities: Oakland 11, Los Angeles County 10, Los Angeles 48, San Francisco 35, San Diego County 1, Corona 2, Merced County 2, Bakersfield 3, Hanford 1, Berkeley 4, Ventura County 1, Long Beach 2, Turlock 2, Burbank 2, Calaveras County 1, San Fernando 1, Glendale 3, Sacramento County 1, Healdsburg 1, Sonoma County 1, Orange County 3, Stanislaus County 1, Stockton 2, San Mateo 2, Montebello 1, Alameda County 1, Alhambra 1, Kern County 2, National City 3, Mill Valley 1, Daly City 2, Butte County 1.

Scarlet Fever.

141 cases of scarlet fever have been reported, as follows: Los Angeles County 8, Los Angeles 26, San Francisco 27, Berkeley 7, Pasadena 7, Sacramento 7, Contra Costa County 6, Pomona 7, Tulare County 1, Chino 1, San Mateo County 1, Bakersfield 1, Huntington Park 1, Placer County 2, Stockton 3, Ukiah 3, Santa Clara County 2, San Bernardino County 1, Sonoma County 2, Alameda County 1, Riverside 3, Long Beach 2, Chico 3, San Joaquin County 2, Orange County 3, Fresno County 2, Alhambra 1, Richmond 1 Brea 1, Yolo County 1, Shasta County 1, Oakland 4, Turlock 1, Lodi 2.

Measles.

1292 cases of measles have been reported, as follows: Los Angeles County 54, Los Angeles 204, San Francisco 101, Alameda County 46, Alameda 39, Berkeley 95, Oakland 147, Fresno County 11, Livermore 22, Compton 5, Whittier 6, San Mateo 13, Pasadena 15, San Jose 46, Orange County 29, Stockton 67, Lodi 28, Santa Maria 7, Dinuba 12, Glendale 9, Solano County 6, Palo Alto 22, Huntington Park 6, Manteca 19, Santa Clara County 23, Sacramento 80, San Joaquin County 60, Brea 7, San Gabriel 2, El Monte 1, Alhambra 3, Inyo County 1, Fillmore 2, Yosemite 1, Contra Costa County 1, San Diego County 4, Hyde Park 1, Corona 2, La Mesa 3, Humboldt County 2, Calaveras County 4, San Leandro 4, Sonoma County 2, Mill Valley 2, Gilroy 4, Placer County 1, Roseville 2, Fullerton 1, San Bernardino County 4, Santa Barbara County 1, Monrovia 1, Bakersfield 1, Santa Rosa 1, Long

Digitized by Google

Beach 4, Santa Monica 1, Vallejo 1, Lincoln 1, Riverside 1, Petaluma 1, Stanislaus County 2, San Luis Obispo County 1, Colusa 1, Chico 4, Santa Cruz County 1, Piedmont 3, Sutter County 1, Tulare County 4, Placerville 1, Sacramento County 1, Richmond 1, Mountain View 4, Vacaville 4, Santa Clara County 1, Albany 4, Pittsburg, 3, East San Diego 3, Santa Ana 2, Benicia 1, Redwood City 1, Eagle Rock 2, Yolo County 1, Kern County 1, Alturas 4, National City 1, Claremont 1.

Whooping Cough.

151 cases of whooping cough have been reported, as follows: Los Angeles County 19, Los Angeles 14, Pasadena 27, Riverside 7, San Gabriel 5, Oakland 5, San Jose 6, Sacramento 10, Piedmont 10, Humboldt County 1, Alhambra 1, San Mateo 1, Mill Valley 6, Whittier 3, Santa Clara County 1, Long Beach 1, Dinuba 1, Alameda 1, San Joaquin County 2, Tracy 1, Manteca 1, Stockton 2, Albany 1, East San Diego 1, Glendale 1, Petaluma 3, Tulare County 1, Berkeley 3, Merced County 3, Sacramento County 1, San Francisco 12.

Smallpox.

30 cases of smallpox have been reported, as follows: San Joaquin County 1, Stockton 3, Pomona 4, Alameda County 2, Ventura County 1, San Bernardino County 1, Fresno County 1, Hayward 1, Santa Cruz County 1, Los Angeles County 2, Los Angeles 13.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Taft 1, San Joaquin County 1, Fresno County 1, San Francisco 1, Hanford 1, Los Angeles County 1, Los Angeles 2.

Cerebrospinal Meningitis.

Ontario reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

Berkeley reported 1 case of epidemic encephalitis.

Poliomyelitis.

Colusa and Oakland each reported 1 case of poliomyelitis.

*From reports received May 21 and 22 for week ending May 19.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending May 19 received by May 22	Week ending			Reports for week ending May 20 received by May 23
	April 28	May 5	May 12		April 29	May 6	May 13	
Anthrax	1	1	0	0	0	0	0	0
Cerebrospinal Meningitis	1	4	2	1	2	4	3	1
Chickenpox	271	272	295	286	176	132	163	147
Diphtheria	145	167	155	152	123	119	126	109
Dysentery (Bacillary)	5	1	0	1	6	5	1	0
Epidemic Encephalitis	1	1	1	1	2	5	5	1
Gonorrhoea	90	106	94	111	63	109	95	58
Influenza	71	461	64	15	120	70	34	21
Leprosy	0	3	1	0	0	1	2	0
Malaria	2	5	4	3	0	4	2	5
Measles	1132	1268	1418	1292	29	15	47	29
Mumps	36	24	36	32	78	72	45	66
Pneumonia	81	59	68	58	111	176	63	73
Poliomyelitis	0	0	0	2	1	0	0	2
Scarlet Fever	157	173	202	141	118	91	143	121
Smallpox	21	43	29	30	62	34	37	33
Syphilis	56	77	180	147	89	99	133	112
Tuberculosis	173	136	190	138	216	141	157	192
Typhoid	10	18	21	8	10	11	9	18
Whooping Cough	269	258	262	151	78	114	103	89
Totals	2522	3077	3022	2569	1284	1202	1168	1077

24245 5-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

LIBRARY

GEORGE E. EBRIGHT, M. D
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 16 JUNE 2, 1923 GUY P. JONES EDITOR

Learn Now How to Revive Drowning Person.

If every vacationist knew how to revive a drowning person many lives could be saved. The "prone pressure" method is simple, easily learned, and requires no apparatus. It can be used, also, for stimulating artificial respiration after suffocation from gas, shock from electricity and other accidents.

One of the methods that has been taught for many years is the "Sylvester" method in which the patient is placed upon his back and his arms swung alternately above his head and down across his chest. This method has proven unsatisfactory as it not only quickly tires the person applying the method but it is also unsuccessful in filling the patient's lungs with air. Late investigations have resulted in the universal adoption of the "prone pressure" method, which can be used continuously for many hours, by almost anyone, without tiring him excessively.

Practice in the application of this method is necessary and it is suggested that persons who contemplate spending their vacations near the water practice this method of resuscitation upon a living subject. More than the mere reading of the directions is required. Practice is necessary.

Following is a full description of the "prone pressure" method of resuscitation:

First, examine the victim's mouth and throat with your finger and remove any foreign body (tobacco, false teeth, etc.). Do not stop to loosen person's clothing, but immediately begin actual resuscitation. *Every moment of delay is serious.* Proceed as follows:

Lay the patient on his stomach, both arms extended overhead. Turn face to one side so that nose and mouth are free for breathing. Kneel, straddling the patient's hips; place the palms of your hands on the small of the back, little finger just touching the last rib—tips of fingers just out of your sight. On counting one, two, with the arms held straight, swing forward slowly so that the weight of your body is gradually but not violently brought to bear upon the patient. This action takes from two to three seconds.

The Swing Motion.

While counting three, immediately swing backward so as to remove the pressure, returning to the upright position. Hands should not be removed from patient while removing pressure. While counting four and five, rest. Repeat deliberately twelve to fifteen times a minute, the swinging forward and back—complete respiration in four or five seconds. Time by your own breathing.

As soon as this artificial respiration has been started, and while it is being continued, an assistant, if one is present, should loosen any tight clothing about the patient's neck, chest, or waist. Keep the patient warm by covering the limbs with blankets or by rubbing them gently. Continue respiration (if necessary, four

Digitized by Google

hours or longer) without interruption, until natural breathing is restored or until a physician declares rigor mortis (stiffening of the body) has set in. If natural breathing stops after being restored, use resuscitation again.

Keep Patient Warm.

Do not give any liquid by mouth until the patient is fully conscious. Place ammonia near the nose, determining a safe distance by first trying how near it may be held to your own. Assistant should hit patient's shoe heels a few times with a stick and repeat this operation every five minutes until breathing commences. Give the patient fresh air but keep him warm. When patient revives, keep him lying down and do not raise him. Carry on resuscitation at closest possible point to the accident. Do not move patient until he is breathing normally, without assistance. If absolutely necessary to move, he should be placed on a hard surface, such as a door or floor of conveyance. Do not stop and interrupt resuscitation for an instant.

If alone with the victim, do not neglect immediate and continued resuscitation in order to call a doctor; *start at once;* the first few minutes are valuable. If other persons are present, send one of them for a doctor without a moment's delay.

The provision of proper instruction in physiology and hygiene, and the inculcation of health habits and physical training for the pupils in elementary and secondary schools and for students in the universities, and the thorough training of pupils in the normal schools (those who expect to be teachers) in these subjects and in the fundamental biological sciences so that they will be qualified to teach, constitutes, in my judgment, the second important health objective in the coming years. It is difficult to over-estimate the importance of the acquirement in childhood and early life of health habits, and of an interest in and a knowledge of the influence of foods, diet, baths, rest and exercise, sleep, the care of the teeth, the methods of prevention of the infectious diseases, and the general care of the body in health and disease.

The alteration of the habits of life after maturity is always a difficult process and usually only comes about because of apprehension caused by the presence of illness or the beginning loss of physical or mental power and endurance. The people of the United States are becoming more and more alive to the joys and the benefits which accrue from the pursuit of outdoor sports and an outdoor life. The sporting pages of the daily papers furnish abundant testimony to this fact. Unfortunately, like all good things, excessive indulgence in sports may be harmful, and their pursuit also needs intelligent direction. [illegible] change in the habits of life, which is [illegible]ning nation-wide, is undoubtedly adding [illegible] national physical efficiency at a rapid [illegible]creasing rate.—Hermann M. Biggs, M.D., [illegible] Commissioner, New York State.

Governor Signs Welfare Measure.

Governor Richardson has signed the bill introduced by Assemblyman Welle of Los Angeles, the provisions of which enable California to participate in the acceptance of federal funds, under the Sheppard-Towner law, to be used in infant and maternal welfare work. California is the thirty-sixth state to accept federal government funds for carrying on this important work. The women of California, as represented in organizations of women's clubs, were unanimous in their support of this measure.

PREVENTIVE NURSING.

A new school of nursing recently established at Yale University and maintained by funds from the Rockefeller Foundation, presents two striking changes from the usual nurses' course. The period of training is to be shortened and the course is to include public health and community work as well as bedside nursing.

In order to shorten the period of training without weakening the course, the basis of work on hospital wards will be shifted from the labor needs of the hospital—cleaning, bed-making, etc.—to the educational requirements of the pupil nurse. She will learn to do those manual things, of course, but all such service will follow a definite program of teaching and practice more closely than at present.

The recognition of the nurse's relation to public health and community problems is an advance in nursing ideals. Curative and preventive medicine now work side by side for the good of individual patients and for their fellow-citizens.

The doctors and nurses are not working themselves out of jobs but are changing their work to emphasize disease prevention. They are devoted and competent to care for the sick, but they would rather use their knowledge to keep people well in the first place.—Richmond Independent.

An unchivalrous judge, on complaints filed by equally unchivalrous health officers, fined two girl hikers for bathing their pretty feet in Marin county's water supply, showing how far we have travelled from those romantic days when men would drink out of a lady's slipper, either because the wine was good or the lady just too charming for anything.—Watsonville Register.

THE WISDOM OF THE EAST.

An Arab proverb runs as follows:
"The world is supported by four columns:
The justice of the great
The prayer of the righteous
The bravery of the valiant, and
The science of the physician."

—Hygeia.

TREATMENT OF PARESIS.

Certain German investigators, having observed that patients with paresis tended to improve when they became ill with malaria, have been treating paresis by injecting malaria into the blood. The method is still under investigation in this country as well as in Europe and its effects can not be stated with certainty, but there is some prospect that they may prove of value.—Hygeia.

Digitized by Google

...ce on Maternal ...d Welfare.

...ference on maternal and child ... under the auspices of the ...of Child Hygiene of the Califor... ...e Board of Health, will be held ... auditorium of Stanford Uni... Medical School, San Francisco, ...th to 21st. Among the speakers ... Miss Marie Phelan, R.N., Super... Public Health Nurse of the Chil... Bureau, Washington, D. C.; Dr. ... Palmer Lucas, Professor of Pedi... University of California Medical ...l, San Francisco; Dr. Adelaide ...n, member State Board of Health, ...rer, Stanford University Medical ...ool, San Francisco; Dr. Alvin ...ell, Director, Alameda County Pub... ...lealth Center, Oakland; Miss Mary ...Cole, Director Nursing Service, ...fic Division, American Red Cross, ... Francisco; Dr. Alfred B. Spalding, ...fessor of Obstetrics and Gynecology, ...nford University Medical School, ... Francisco; Miss Marguerite A. ...les, Director of Social Service, The ...nford Clinics, San Francisco. The ...mplete program will be announced at ... early date. Persons who desire to ...end this conference should write to ... Bureau of Child Hygiene, 722 ...ells-Fargo Building, San Francisco, ...r application blanks.

...urses Registering for ...outhern Institute.

Registration for the institute for ...ublic health nurses, to be held in Los ...Angeles, July 23d to August 4th, is ...progressing rapidly. It is necessary for ...ll nurses who desire to attend the insti...tute to make early application in order ...to be certain that there will be adequate ...provision for the accommodation of the ...large attendance. The program is about ...completed and will be published in an ...early issue of the bulletin. Nurses who ...desire to attend should write to the ...State Board of Health, Sacramento, for ...application blanks.

All noble sentiments lie dormant in the depths of human nature, but each one has a chord, in unison with which it is ready to vibrate. At the sound of the trumpet or at the cry of the country in danger, martial courage springs up in men's breasts. On the other hand, at the weakest cry of a suffering child, or at the least tale of suffering, especially if undeserved, charity arises, ready with gifts and with blessings.—Pasteur.

MORBIDITY.*

Diphtheria.

142 cases of diphtheria have been reported as follows: Alameda County 4, San Francisco 20, Oakland 9, Los Angeles County 8, Los Angeles 45, Berkeley 6, San Fernando 1, Sonora 1, Sacramento County 1, Tulare County 1, Stockton 1, Contra Costa County 1, Yolo County 1, Stanislaus County 1, Bakersfield 4, Fresno County 2, Redlands 1, Modesto 1, Long Beach 3, San Mateo 3, Alhambra 1, Pittsburg 1, Santa Paula 2, Ventura County 1, Glendale 1, Orange County 1, Daly City 1, Stockton 1, Santa Rosa 2, Richmond 1, San Joaquin County 2, San Luis Obispo County 1, Merced County 1, Dixon 1.

Measles.

960 cases of measles have been reported, as follows: Albany 7, San Mateo 15, San Francisco 105, Livermore 6, Chico 7, San Joaquin County 47, Santa Clara 13, Pasadena 18, Palo Alto 11, Solano County 6, Petaluma 5, Richmond 5, Santa Ana 7, Torrance 5, Dinuba 12, Lodi 45, Berkeley 51, Orange County 11, Glendale 8, Manteca 7, Redwood City 7, Long Beach 12, Los Angeles County 38, Los Angeles 164, Alameda County 33, Pleasanton 6, San Gabriel 12, El Segundo 6, Alameda 47, Sacramento 63, Oakland 88, Stockton 4, Contra Costa County 5, Pomona 1, Nevada County 2, Kern County 3, Watsonville 2, Alhambra 2, Whittier 3, San Bernardino County 3, Burbank 4, Humboldt County 1, Santa Maria 8, La Mesa 1, San Rafael 1, Modoc County 4, East San Diego 1, Rialto 1, Colusa 2, Sutter County 1, Fresno County 1, Napa 2, Gilroy 4, Fullerton 2, Calistoga 1, Vacaville 3, Tulare County 4, San Diego County 2, Modesto 1, Santa Monica 1, Huntington Park 2, San Luis Obispo County 1, Merced County 2, Pittsburg 4, Turlock 1, Los Gatos 1, Vernon 1, Fresno 4, Pacific Grove 1, Santa Paula 1, Claremont 1, Ontario 2, Grass Valley 2.

Scarlet Fever.

146 cases of scarlet fever have been reported as follows: San Francisco 18, Pomona 5, Oakand 5, Sacramento 8, Pasadena 10, Los Angeles County 7, Los Angeles 37, San Joaquin County 5, Riverside 4, Humboldt County 1, Vallejo 1, San Rafael 4, San Bernardino County 2, Albany 2, Alameda 2, Long Beach 3, Modesto 1, Contra Costa County 1, Santa Clara County 1, Fresno County 3, Hawthorne 2, Santa Cruz County 1, San Fernando 2, Tulare

Digitized by Google

County 1, Sebastopol 1, Berkeley 4, Stockton 1, San Benito County 1, Fresno 3, Orange County 1, Alameda County 3, Alhambra 3, Chico 2, Glendale 1.

Whooping Cough.

135 cases of whooping cough have been reported, as follows: Riverside 9, Pasadena 11, Merced County 6, Long Beach 7, San Francisco 13, San Joaquin County 7, Sacramento 7, Los Angeles County 23, Los Angeles 14, Banning 2, Santa Monica 1, Santa Clara County 3, Fresno County 1, Napa County 2, Napa 1, Palo Alto 3, Chula Vista 3, Glendale 4, Santa Cruz County 2, San Gabriel 1, Berkeley 2, Mill Valley 3, Venice 1, Redwood City 3, Oakland 3, Tulare County 1, Nevada County 2.

Smallpox.

36 cases of smallpox have been reported, as follows: Los Angeles County 2, Los Angeles 16, Fresno 1, Santa Cruz County 2, Pomona 1, Ventura County 3, Kern County 2, San Joaquin County 1, Alameda County 1, Santa Clara County 4, San Bernardino County 3.

Typhoid Fever.

6 cases of typhoid have been reported, as follows: Los Angeles County 2, Rio Vista 1, Long Beach 1, San Francisco 2.

Epidemic Encephalitis.

Los Angeles and San Francisco each reported one case of epidemic encephalitis.

Leprosy.

Oakland reported one case of leprosy.

Poliomyelitis.

San Bernardino County reported one case of poliomyelitis.

*From reports received May 28th and 29th for week ending May 26th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending May 26 received by May 29	Week ending			Reports for week ending May 27 received by May 31
	May 5	May 12	May 19		May 6	May 13	May 20	
Anthrax	1	0	0	0	0	0	0	0
Cerebrospinal Meningitis	4	2	1	0	4	3	1	2
Chickenpox	272	295	331	228	132	163	164	154
Diphtheria	167	154	167	142	119	126	118	110
Dysentery (Bacillary)	1	0	1	2	5	1	0	0
Epidemic Encephalitis	2	1	1	2	5	5	2	4
Gonorrhoea	106	94	113	69	109	95	60	52
Influenza	461	64	18	32	70	34	21	21
Leprosy	3	1	0	1	1	2	0	0
Malaria	5	4	3	3	4	2	4	0
Measles	1268	1418	1402	960	15	47	33	42
Mumps	24	36	34	34	72	45	74	51
Pneumonia	59	67	62	43	176	63	77	57
Poliomyelitis	0	0	3	1	0	0	2	0
Scarlet Fever	173	202	171	146	91	143	130	105
Smallpox	43	29	43	36	34	37	38	30
Syphilis	77	180	147	74	99	133	113	70
Tuberculosis	136	190	143	145	141	157	206	147
Typhoid Fever	18	21	12	6	11	9	22	9
Whooping Cough	257	298	222	135	114	103	98	74
Totals	3077	3056	2874	2059	1202	1168	1163	928

24245 6-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 17 JUNE 9, 1923 GUY P. JONES EDITOR

Making Swimming Pools Safe Against Diseases.

Several physicians in California have written to the State Board of Health relative to the possible danger of contracting infections through the use of public bathing places. One of these physicians states that until recently he had not been particularly impressed with the idea that bathing in such places mav be exceptionally hazardous, but that during the past few weeks he had seen several eye, ear and skin infections that he was certain had been contracted by his patients while swimming in a public pool. The danger of contracting disease is lessened greatly in a pool that is kept scrupulously clean, the water treated, if necessary, and replenished daily with a fresh supply, but infectious material may float upon the surface of the water, regardless of its original purity. For this reason it is important that there be adequate means for the continuous operation of an overflow device for the removal of surface waters.

Dr. J. W. Robinson, deputy health officer of Los Angeles County, calls attention to this danger in the June number of Health. He suggests that both inflow and outflow be, for the most part, at the surface of the pool, and that inlets should be so arranged that there shall be no dead corners in which water is not moving and that the inlet should be from many points along one side and both ends of the pool with the outlet or overflow on the remaining side. This would undoubtedly be effective in removing infectious material from the surface of the pool.

It is important, too, that swimming suits be thoroughly sterilized after each use. Skin infections are frequently contracted through the use of soiled, infected suits. The California State Board of Health regulations for the sanitation of swimming pools cover many of these important factors in making swimming safe. Copies may be obtained by making application to the Secretary, Sacramento.

State Must Discontinue Manufacturing Rabies Vaccine.

The State Board of Health has discontinued the manufacture of rabies vaccine and is, therefore, unable to continue the administration of the Pasteur treatment or the furnishing of rabies vaccine for local use. Patients now under treatment will be furnished the service to completion, but no further treatments can be undertaken. This product can be obtained from most pharmaceutical houses at moderate prices and there should be no difficulty in securing sufficient vaccine for use in any emergency that may arise.

Digitized by Google

Health Officers to See Total Eclipse of Sun.

California health officers who attend the Annual Conference of State, County and Municipal Health Officials to be held in Coronado, September 10th to 14th, in conjunction with the Annual Convention of the League of California Municipalities will see a total eclipse of the sun. A partial eclipse will be visible from many localities in the state but a total eclipse will be seen only from Catalina, Coronado, San Diego and vicinity. This spectacular event will occur on September 10th, the opening day of the conference. The sun will begin to enter into eclipse at 11.32 in the morning and the total eclipse will begin at about 12.57 p.m., at which time the sun will disappear from view entirely and the stars will become visible. Totality will last for three minutes and one second, the sun reappearing at 35 seconds after 1.00 p.m. Many strikingly beautiful phenomena in lighting effects will be observed in connection with the eclipse. Astronomers from all parts of the United States will gather at Coronado and Catalina for the purpose of making scientific observations of the eclipse. It is perfectly safe to state that this spectacle will be the most magnificent feature ever to be associated with an annual conference of California health officers.

The Rhinoceros and the Bird.

Naturalists tell us of a bird that rides on the back of the rhinoceros as the huge beast feeds through the jungle marshes, and when an enemy approaches the bird sounds the alarm and the rhinoceros dashes away to safety. Strange as it might seem, the common fly has endeavored for centuries to warn man of the invisible germs in decaying organic matter, but unlike the rhinoceros, man ignores the warning. The fly himself is not dangerous—it's the company he keeps. No doubt a fly is continually fighting microbes as a dog fights fleas. But even a fly must live, and man in his carelessness provides for the flies. The average town has enough open toilets and manure piles so that the flies have not known a hard year "since the white man came."—Montana State Board of Health Bulletin.

House Flies Less Numerous But Still Too Plentiful.

"Many regard the common house fly as comparatively harmless, yet it is a most efficient carrier of germs of typhoid fever, cholera, and other diseases which annually take a large number of human lives.

"We can not urge too strongly the proper disposal or early disinfection of any materials likely to carry disease germs, otherwise a community may be confronted by a fly-borne epidemic of dysentery or typhoid. The exclusion of flies from the sickroom and the proper care of all discharges is imperative to the well-being not only of one's own family, but of others.

"House flies are plentiful, largely because the human race is careless in the proper disposal of the refuse in which flies breed. They should be kept out of human dwellings and away from human food, especially that which is to be eaten raw or without further cooking. More than one outbreak of typhoid fever has resulted from the consumption of cold foods, cooked or raw, to which flies have had access,

"Generally speaking, it is not necessary in this day of the automobile to live with and among hordes of annoying and dangerous flies. We have them largely because there are nearby breeding places. Before the days of the automobile, when the horse was a member of the family, as it were, and the accompanying manure piles or fly nurseries were running full blast, it was by no means easy to keep down the numbers of these pests. The partial elimination of flies in villages following the advent of the automobile is thus largely accidental. This smaller fly population, however, does not justify carelessness in relation to infected materials, since one fly which has had access to such material is capable of carrying infection and even death.

"Let us recognize the true character of the house fly, and, grasping the possibilities of fly control with its greater freedom from sickness and the woeful consequences frequently following a disregard of this menace, resolve that our premises shall not be allowed to produce flies and that we will cooperate in working for a flyless community, a flyless world."—Dr. E. P. Felt, State Entomologist, New York.

Digitized by Google

Gifts of Bad Sanitation.

A father recently wrote to a prominent physician as follows:

"We have a healthy boy of four years. A neighbor strongly advises my wife to take him to visit friends whose children have measles and mumps in order that he may have those diseases before he is old enough to go to school. Your opinion in good strong language will be appreciated."

It is cheering evidence of the advance of public knowledge and practices in regard to health that the neighbor's suggestion sounds idiotic if not actually criminal. Enlightened persons—parents, teachers and physicians dealing with children—no longer hold to the ancient superstition that every child must have these erroneously called "children's diseases." An interesting number of youngsters is growing up escaping one or more of these infections.

The old habit of lightly speaking of "children's diseases" and lightly regarding them as a minor nuisance, is now outgrown. They are recognized as the serious things they are, to be avoided. Measles causes more deaths than scarlet fever. In the town from which the inquiry came, measles causes more deaths than whooping cough.

Measles, mumps, whooping cough, scarlet fever and all the rest are the "gifts of bad sanitation or bad public hygiene," says the irate doctor. They all carry the possibility of grave and lasting after-effects as menacing to the child's future well-being as the initial disease itself. The best thing to do is to keep away from them.—Hanford Journal.

Bringing malnourished children up to weight is the best prevention of tuberculosis.

A boy can study all his life but he can only grow once.

The underweight child who is made to practice on the piano or the violin may be playing his own funeral march.

It isn't money that is best for children; it's health.

Poverty is only a secondary cause of malnutrition.

All the causes of malnutrition can be removed in any child, in any home, anywhere. Remove the cause and the child will get well.—W. R. P. Emerson, M.D.

MORBIDITY.*

Diphtheria.

119 cases of diphtheria have been reported, as follows: Los Angeles County 9, Los Angeles 37, San Francisco 21, Oakland 12, Fresno County 5, Sonoma County 4, Riverside 1, Turlock 1, Merced County 2, Vallejo 1, Oroville 1, Glendale 1, Taft 1, Contra Costa County 3, Pasadena 2, Sacramento 2, Yuba County 1, Alameda 2, Berkeley 2, Orange County 1, Eagle Rock 1, San Fernando 1, Alhambra 1, Albany 1, Stockton 2, Ventura County 1, Kern County 1, Long Beach 2.

Measles.

911 cases of measles have been reported, as follows: Stockton 15, Sacramento 66, Kern County 12, San Joaquin County 25, Alameda 57, Berkeley 58, Manteca 8, Lodi 46, Alhambra 8, Sacramento County 8, Tulare County 9, Gilroy 12, Santa Clara County 23, Livermore 10, Merced County 6, Los Angeles County 23, Pasadena 15, Los Angeles 108, Oakland 76, Piedmont 10, San Diego County 6, Chico 7, Palo Alto 52, Mayfield 11, Burbank 5, Albany 5, San Francisco 129, Stanislaus County 2, Turlock 2, San Bernardino County 4, Santa Clara County 3, Santa Monica 1, Whittier 1, Pomona 4, San Fernando 1, Redwood City 3, Modoc County 2, Tracy 2, East San Diego 3, Richmond 1, Contra Costa County 1, Vacaville 3, Redlands 1, Santa Cruz 1, La Mesa 2, Chino 1, Riverside 2, Santa Ana 1, Morgan Hill 2, Glendale 3, Calistoga 1, Alameda County 2, Covina 4, Redondo Beach 2, Mill Valley 1, Claremont 4, Watsonville 1, Beaumont 4, Orange County 4, Dinuba 3, Montebello 1, Amador County 2, Riverbank 3, Long Beach 7, Walnut Creek 2, San Mateo 14.

Scarlet Fever.

142 cases of scarlet fever have been reported, as follows: Sacramento 5, Oakland 7, Los Angeles County 13, Los Angeles 36, San Francisco 13, Pomona 12, Glendale 4, Colusa County 2, Santa Ana 1, Newman 1, Colton 2, Richmond 3, San Luis Obispo County 1, Santa Clara County 1, Daly City 1, San Rafael 1, Stanislaus County 2, Chico 3, San Fernando 1, Tulare County 1, Santa Monica 2, Fresno County 2, San Bernardino County 1, East San Diego 1, Glendora

Digitized by Google

3, Pasadena 2, Hawthorne 1, Stockton 2, Alameda 2, Ukiah 2, San Gabriel 1, Amador County 1, Orange County 2, Huntington Park 1, Berkeley 4, Whittier 1, Marin County 1, Long Beach 3.

Whooping Cough.

96 cases of whooping cough have been reported, as follows: Monterey County 6, Los Angeles County 7, Los Angeles 6, Chico 9, Pasadena 9, Alameda 5, San Diego County 5, San Francisco 17, Piedmont 5, Santa Monica 3, Richmond 1, Benicia 1, Redlands 2, Madera 1, Riverside 1, Sacramento 3, Whittier 1, Banning 1, Oakland 1, Riverbank 1, Santa Paula 1, Alameda 1, San Joaquin County 2, Berkeley 3, Stockton 1, Lodi 2, Long Beach 1.

Smallpox.

19 cases of smallpox have been reported, as follows: Los Angeles County 1, Los Angeles 7, Ventura County 9, Ventura 1, Santa Clara County 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Alameda 1, Richmond 1, Los Angeles 1, Ventura County 1, Burbank 1, Modoc County 1, Imperial County 1, National City 1, Calexico 1, Vernon 1.

Poliomyelitis.

Redlands reported two cases of poliomyelitis.

Epidemic Encephalitis.

San Francisco reported 3 cases and Vallejo 1 case of epidemic encephalitis.

*From reports received on June 4th and 5th for week ending June 2d.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 2 received by June 5	Week ending			Reports for week ending June 3 received by June 6
	May 12	May 19	May 26		May 13	May 20	May 27	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	1	0	0	3	1	2	1
Chickenpox	295	331	249	166	163	164	165	113
Diphtheria	154	167	167	119	126	118	114	106
Dysentery (Bacillary)	0	1	2	3	1	0	0	1
Epidemic Encephalitis	1	1	2	4	5	2	4	2
Gonorrhoea	94	113	82	105	95	60	55	47
Influenza	64	18	32	20	34	21	24	13
Leprosy	1	0	1	0	2	0	0	0
Malaria	4	3	3	2	2	4	0	3
Measles	1418	1403	1084	911	47	33	45	41
Mumps	36	34	35	25	45	74	53	27
Pneumonia	67	60	49	64	63	77	72	54
Poliomyelitis	0	3	1	2	0	2	0	1
Scarlet Fever	202	171	168	142	143	130	115	68
Smallpox	29	43	32	19	37	38	36	18
Syphilis	180	147	85	54	133	113	72	25
Tuberculosis	190	143	182	83	157	206	178	128
Typhoid Fever	21	12	10	10	9	22	11	12
Whooping Cough	299	224	167	96	103	98	81	60
Totals	3057	2875	2351	1825	1168	1163	1027	720

24245 6-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 18 JUNE 16, 1923 GUY P. JONES EDITOR

Pellagra Is Disappearing.

Pellagra, according to Dr. W. A. Evans of Chicago, is probably about to disappear from the United States. In fact, there are so few cases found at the present time that the experts who have been studying this disease for many years are finding it very difficult to secure material for their research work. The surgeons connected with the United States Public Health Service who have been investigating the cause of the disease have had to move from place to place in order to find cases upon which to conduct their work. The cause of pellagra has not been determined exactly although the American investigators have shown that the disease is probably due to the use of an unbalanced, faulty diet. Other investigators say that the disease is due to a mold and another group hold to the idea that pellagra is due to a bacillus or some other germ.

Pellagra has occurred in California for many years but its prevalence has always been very limited. In the southern part of the United States, until recently, there have been a large number of cases reported. Following are the numbers of cases of this disease reported in California during the past 10 years: 1913, 8; 1914, 14; 1915, 9; 1916 15; 1917, 21; 1918, 28; 1919, 25; 1920, 16; 1921, 21; 1922, 32.

Pacific Coast Health Officials to Meet in Conference.

The second annual conference of Pacific coast health officials will be held in San Francisco at the offices of the California State Board of Health on June 25th and 26th. Since the conference will be held during the week of the annual convention of the American Medical Association in San Francisco it is believed that there will be a full attendance.

The organization of Pacific coast health officials was perfected last year in Seattle. Health officers from the western states were called together by Dr. Paul A. Turner, Director of Health for Washington. Each state, under the by-laws, is entitled to send three respresentatives to the conference in addition to the state health officer and sanitary engineer.

The representatives to the conference from California this year, in addition to Wr. Walter M. Dickie, secretary of the State Board of Health, and Chester G. Gillespie, director of the California State Board of Health, Bureau of Sanitary Engineering, are Dr. L. M. Powers, health commissioner of Los Angeles; Dr. William Simpson of San Jose, health officer of Santa Clara County, and Dr. F. W. Browning, health officer of Hayward and secretary of the Health Officers' Section of the League of California Municipalities.

Digitized by Google

The states that will be represented in this conference are Washington, Oregon, California and also British Columbia. Many health matters of mutual interest to the states bordering on the Pacific Ocean will be discussed.

Court Refuses to Pass Upon Maternity Act.

The Supreme Court of the United States has refused to pass upon the validity of the Sheppard-Towner Law providing for infant and maternal welfare by the states. Cases that were brought to determine the constitutionality of the act were therefore dismissed. The power of Congress to make appropriations to accomplish indirectly what the courts had held was beyond the constitutional jurisdiction of the federal government was questioned by the State of Massachusetts in its attack upon the Sheppard-Towner Law. The matter involved the old question of states' rights. It would appear that the opposition to the enforcement of the act has now vanished completely and that the work of advancing the interest of mothers and children throughout the United States will progress with unabated enthusiasm.

Dr. Haven Emerson to Conduct San Francisco Survey.

A survey of community health and hospitals in San Francisco will be conducted by Dr. Haven Emerson, professor of public health administration of Columbia University and former health officer of New York City. The survey will be made under the auspices of the community chest and Council of Social and Health Agencies.

According to Dr. Ray Lyman Wilbur, president of the Council of Social and Health Agencies, the work is expected to show the present status, relations and work performed by the various hospitals and health agencies, including all public and private hospitals and clinics. From the information gathered it is hoped that it may be possible to prepare a health program adapted to the community chest idea and meeting local needs. It will provide an outline of the relations and responsibilities of the health agencies in such a scheme and will furnish a plan for future development and growth toward which the community chest may labor.

Superior Importance of Nurse Denied by Nurses.

Public health nurses of New York state, in their monthly bulletin published by the New York State Department of Health, make emphatic protest against statements that have been issued regarding the superior importance of nurses. This protest was made necessary because of the fact that headlines in various publications have, in effect and sometimes in definite words, stated that the nurse is more important than the doctor. The bulletin in part reads as follows:

"The unfairness of such statements might be ignored if the harm they do should end when the paper goes to the furnace to help out in a fuel shortage, but unfortunately the matter does not stop there. Some nurses, eager to feel how badly the world would get on without them, swallow such statements whole and it upsets their behavior. More serious still, some poorly informed persons are disposed to believe such statements, especially when a nurse's service is available without cost and the services of a physician must be paid for.

Let us look at this matter justly: What can a nurse do without a physician that he can not do without her?

Does she bring a woman's intuitions and understanding to the patient's service? There are very many practicing physicians who are women.

Can a nurse make a physical examination of a patient, find out what is the matter with him, and prescribe the remedies which will benefit him?

Can she examine the contents of his stomach and find out what is wrong with his gastric digestion?

Can she foot it at night through the blizzard over a mountain to a farm house, perform a tracheotomy with only such aid as the family can give, administer antitoxin and return home only to start out in response to another SOS call for help?

Is there really a single thing which the nurse can do without the physician that the physician has not already done without her and can not do again if he must? There is no nurse who will not say no.

What does the nurse do? What can she do? What is the nurse's place in health work?

She may, if she will, investigate and observe for the physician and report accurately what she sees or discovers. She may make the connection between the person in need of medical knowledge and skill and the physician possessing it. She may relay the health messages he is broadcasting, but to be of service in the work she must do it with fidelity. She may aid the physician by relieving him of work which she can perform, thereby enabling him to serve more people and have time to serve better. She can be a most invaluable aide and liaison agent. As such the physician wants her and frankly acknowledges that he needs her. Posing as 'more important than the physician' she betrays the trust imposed in her and she becomes a traitor in the camp where sick and suffering people are looking to her for help.

The self-sacrifices which the private physician makes in the interest of the health of

Digitized by Google

the poor and the suffering (and of which he never speaks) are known in the large to no one so well as to the nurse. He stays all night in homes 'where there are no conveniences for a nurse' and waits on the sick."

Danger in Poorly Constructed Wells.

Wells provide one of the most popular sources of water supply for domestic use. If properly constructed and satisfactorily located, they furnish an ideal source of supply and fully justify their popularity. If they are poorly constructed and improperly located, they may become a serious menace to the health of the people who use them.

In selecting a source of drinking water supply, the first point to be considered is its freedom from pollution. If a well is to be free from pollution, its location must be carefully selected and it must be carefully constructed. Contrary to popular ideas, there is no clearly defined or accepted distance a well should be from a cesspool in order for it to be safe. The distance which leachings from a cesspool will travel without becoming purified, is quite variable and depends upon the slope of the ground, the porosity of the soil, the depth to and the normal direction of the flow of ground water, the draft on the well, the amount of rain-fall, and other conditions. Even after a careful inspection by an expert, it is not always possible to give definite advice in matters of this kind. It may be said generally, however, that where the soil is of a more or less homogenous sandy nature, a well may be safe if it is more than 100 feet from any source of contamination or within any line of the direction of flow of underground water therefrom, generally indicated by the slope of the ground.

The most serious menace to the purity of wells is the cesspool. In passing through a small village or the country, it is no uncommon sight to see the cesspool and well located side by side.

The average person seems satisfied if his well furnishes clear, colorless and cold water. While these qualities are to be desired, they are by no means reliable indicators of the purity of the water. Water may be beautifully clear and sparkling in appearance, yet it may be dangerously contaminated and contain myriads of invisible germs capable of producing disease. All of us are more or less familiar with other conditions which contribute to the pollution of wells, such as leaky platforms, which allow filth, carried by the feet of human beings and animals, to enter the well, or the loose curbing which permits surface water to run into the well.

Finally, it should be remembered that the purity of a water supply can not be determined by its appearance. Disease germs can not be detected by the eye, by taste or by smell. A seriously polluted water may be perfectly clear, free from odor and pleasant to taste, but still be a disease-producing water. Remember that in selecting a water supply the first point to consider is its freedom from pollution and that in order to furnish a water of good sanitary quality, the well must be properly constructed in a safe location free from all sources of contamination.—Chas. W. Holmquist, Chief of the Division of Sanitation, New York State Department of Health.

MORBIDITY.*

Diphtheria.

67 cases of diphtheria have been reported, as follows: Oakland 10, San Francisco 21, Glendale 2, Riverside County 1, Daly City 2, Kings County 1, Colton 2, Pittsburg 1, Berkeley 3, San Jose 1, Sacramento 1, Stockton 1, Riverside 1, Sonoma County 1, Orange County 3, Fresno County 2, Contra Costa County 1, Richmond 1, Sonora 1, Long Beach 1, San Fernando 3, Bakersfield 1, Redlands 1, Santa Paula 3, Walnut Creek 2.

Measles.

821 cases of measles have been reported, as follows: San Francisco 178, Sacramento 68, San Jose 60, Lodi 42, Stockton 11, Manteca 7, Oakland 77, Watsonville 6, San Joaquin County 61, Alameda 39, Stanislaus County 7, Vacaville 5, Palo Alto 26, Santa Maria 6, Orange County 20, Berkeley 67, Pasadena 29, Livermore 5, Gilroy 5, Covina 6, Colfax 13, Chico 11, Kings County 1, Glendale 3, Claremont 2, Riverside County 1, San Bernardino 4, Mayfield 3, Merced County 3, Mill Valley 4, Burbank 4, Turlock 1, San Jacinto 1, Petaluma 1, Huntington Park 2, Grass Valley 3, San Luis Obispo County 3, Long Beach 4, Redlands 1, Tehama County 1, Santa Paula 1, San Diego County 1, San Bernardino County 1, Santa Cruz County 1, Willits 1, Chino 1, Alturas 1, Riverside 1, Fullerton 1, Dinuba 2,

Digitized by Google

Richmond 1, Contra Costa County 1, Solano County 2, Benicia 1, Corning 1, Red Bluff 2, Calistoga 1, Fresno 3, Tulare County 1, Monterey County 1, Hayward 2, Sacramento County 2, Pittsburg 1.

Scarlet Fever.

99 cases of scarlet fever have been reported, as follows: San Bernardino 6, Oakland 12, Sacramento 6, Berkeley 5, Kings County 7, San Francisco 16, Pasadena 3, Burbank 2, Colton 1, Glendale 2, Hemet 1, Huntington Park 1, Petaluma 1, Stockton 3, Claremont 1, Turlock 1, Fresno County 1, Emeryville 1, Richmond 2, Woodland 3, Riverside 1, Fresno 3, Mendocino County 1, Orange County 5, Stanislaus County 2, Sonoma County 2, Santa Rosa 1, Bakersfield 2, Colusa 1, San Fernando 1, Healdsburg 4, San Diego County 1.

Whooping Cough.

111 cases of whooping cough have been reported, as follows: San Francisco 24, Oakland 6, Glendale 6, San Jose 8, Pasadena 26, Fresno 12, Kings County 1, Mill Valley 4, Chico 1, Petaluma 1, Merced County 1, Berkeley 2, Stockton 2, Alameda 3, San Joaquin County 2, Fresno County 2, Contra Costa County 1, National City 1, Marysville 1, Riverside 4, Long Beach 3.

Smallpox.

12 cases of smallpox have been reported, as follows: Oakland 1, Stockton 2, San Joaquin County 2, Fresno 1, Fresno County 1, Chino 1, Stanislaus County 1, Santa Barbara County 1, Orange County 1, Ventura County 1.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: California 2, Kings County 1, Riverside County 2, Sacramento County 2, El Dorado County 1, Placerville 1, Blythe 1, Orange County 2, San Joaquin County 1, Imperial County 1, Burbank 1, Mendocino County 3, Long Beach 1.

Cerebrospinal Meningitis.

Madera County reported 1 case of cerebrospinal meningitis.

Leprosy.

San Francisco reported two cases of leprosy.

Epidemic Encephalitis.

San Francisco reported two cases of epidemic encephalitis.

*From reports for week ending June 9th received on June 11th and 12th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 9 received by June 12	Week ending			Reports for week ending June 10 received by June 13
	May 19	May 26	June 2		May 20	May 27	June 3	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	0	0	1	1	2	4	1
Chickenpox	331	249	184	138	164	165	190	131
Diphtheria	167	167	136	67	118	114	160	112
Dysentery (Bacillary)	1	2	5	3	0	0	5	3
Epidemic Encephalitis	1	2	4	2	2	4	2	2
Gonorrhoea	113	82	118	31	60	55	118	43
Influenza	18	32	24	15	21	24	17	9
Leprosy	0	1	0	2	0	0	1	0
Malaria	3	3	2	2	4	0	3	2
Measles	1403	1084	992	821	33	45	47	37
Mumps	34	35	30	23	74	53	68	32
Pneumonia	60	49	67	71	77	72	103	39
Poliomyelitis	3	1	4	0	2	0	2	0
Scarlet Fever	171	168	161	99	130	115	102	69
Smallpox	43	32	22	12	38	36	31	37
Syphilis	147	85	55	36	113	72	78	27
Tuberculosis	143	182	92	49	206	178	244	81
Typhoid Fever	12	10	6	19	22	11	15	16
Whooping Cough	224	167	141	111	98	81	103	76
Totals	2875	2351	2043	1502	1163	1027	1293	717

24245 5-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

LANE MEDICAL LIBRARY
1923

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 19 JUNE 23, 1923 GUY P. JONES EDITOR

SPECIAL NOTICE TO BULLETIN READERS.

The mailing list of the WEEKLY BULLETIN is being revised and persons who desire to have their names remain on the list to receive the publication should make such request immediately. Application blanks were enclosed with the issue of June 2d. If this blank form has been misplaced, a post card addressed to the secretary of the board, Sacramento, requesting that the reader's name be retained upon the mailing list, should be sent without delay.

New Policy in Wassermann Work.

It has become necessary for the State Board of Health to modify its policy regarding Wassermann tests. Hereafter, specimens for examination will be accepted only from patients who are unable to pay the fee required by private laboratories. Also, specimens from patients residing in a community that maintains a municipal laboratory approved by the State Board of Health will not be accepted for examination. Specimens from physicians who desire to check the work of other laboratories, by submitting duplicate specimens for examination, will be accepted, however.

Vaccinating Dogs in Modoc County.

Since the enactment of an ordinance in Modoc County which provides for the vaccination of dogs against rabies about 600 animals have been vaccinated. Dr. W. E. Coppedge, health officer of Modoc County, estimates that there are 1500 dogs in the county outside of Alturas, the only incorporated city within the county. The enforcement of the ordinance is progressing rapidly and it is believed that within a short time every dog in the county will be vaccinated, including the canine population of Alturas, where a similar ordinance is in effect.

Digitized by Google

California Will Entertain American Medical Association.

California will entertain the American Medical Association in San Francisco next week, when ten thousand physicians from all parts of the western hemisphere will assemble in annual convention. The people of California and of the United States owe much to this great body of medical men, which, year by year, is increasing and intensifying its activities in the promotion and maintenance of the public health. Every state board of health in the country and, without doubt, every municipal board of health can trace its origin to the zeal of doctors of medicine in their efforts to control communicable disease. The California State Board of Health had its beginning in the devotion of pioneer medical men to the public welfare. For many years prior to the organization of the board in 1870, Dr. Thomas M. Logan, who later became its first secretary, voluntarily and without compensation, investigated outbreaks of communicable disease that occurred within the state and he received assistance in compiling his epidemiological data from physicians throughout California who were designated as "correspondents" and who regularly reported cases of communicable disease that occurred in their respective communities.

Methods of organization and control of communicable disease, as well as scientific standards, have advanced considerably since those early days, but the high-minded devotion of the medical profession as a whole toward preserving "the sacredness of human life, which can not be impaired or wasted by neglect, any more than it can rightfully be taken by violence," is as steady and as determined today as it was at that time. The first secretary of the board, Dr. Thomas M. Logan, gives voice to this spirit in his report published in the first Biennial Report of the California State Board of Health, reproduced, in part, as follows:

Office State Board of Health,
Sacramento, Cal., November 1, 1871.

To His Excellency, H. H. Haight,
Governor of California:

Under a deep sense of the responsibilities involved in the comprehensive term of "State Medicine," to the administration of which we have been appointed, and with an earnest desire to grapple successfully with the various difficulties surrounding the commencement of this new and important branch of the public service, we entered on our duties conformably to the law enacted on the eighteenth of March, eighteen hundred and seventy.

We rejoice, as citizens, that the advanced intelligence of the people, through their legislative representatives, have recognized the principle above all others by which society subsists, of the sacredness of human life, which can not be impaired or wasted by neglect, any more than it can rightfully be taken by violence; and we rejoice still more, as members of a philanthropic profession, that a needful provision has now been made, through the established channels which the progressive experience and the constantly increasing demands of civilization both require and render practicable, for securing the lives, the health and the social protection of the people, in accordance with the well-defined truths of hygienic science, as related to civil government.

We tender our congratulations as to the good health that has prevailed in the state since our inauguration, and of which the facts and figures herewith presented furnish substantial proof; thus affording us a just and safe standard for future sanitary comparisons.

GENERAL PRINCIPLES OF ACTION.

Before entering upon a new and untried field of operations, we have thought it proper to define the general principles by which we expect to be guided.

We believe that a reciprocity of action, subtle and recondite, is constantly taking place between the physical, moral and intellectual conditions of man; and that although these conditions are not capable of being explained demonstratively, still they may be so controlled by the aid of the powerful hand of the medical sciences, that the body, intellect and soul may be trained in a more perfect and well-balanced order than it is possible for them to be otherwise than by such agencies. We believe that no Board of Health, if it rightly performs its functions, can separately treat these three qualities of man—that they are indissoluble, and mutually act and react upon each other, and that it is only by the careful and comprehensive study of the laws of nature and the correlation

Digitized by Google

of forces operating throughout the physical world, that the highest department of the physician's art can be brought into operation, and applied to the advancement of the race.

Whether such measures will ever be the means of perfecting man's nature and condition, or not, there can be no doubt that a continual amelioration of his circumstances and development of his powers must result from the dissemination of the knowledge acquired by those who are arduously and incessantly laboring for humanity, not only by the most self-sacrificing devotion to their peculiar mission—healing the sick and searching out the occult causes of disease—but, also, by helping forward every worthy human interest, and promulgating every scientific discovery and beneficent invention.

For the prosecution, therefore, of the work before us, there can be no arrogance in claiming that none are better prepared than physicians, inasmuch as their preparation lies in the possession of the knowledge essentially necessary to the proper performance of their professional duties; and "that knowledge tells us, in no doubtful terms, that the fate of man is in his own hands. If this knowledge were exact, and our means of application adequate, we should see the human being in his highest state of perfection—in the harmonious proportion and complete balance of all his parts, as he came out of his Maker's hands, in whose Divine image, we are told, he was in the beginning made."*

But these glorious anticipations can never even approximate a realization, until Hygiene, the science of health, armed with the power of the state, comes to be fully understood, and its regenerating influence applied and appreciated; "until we explore and pursue to their very sources, those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race."†

In this spirit, and with these principles in view, yet by methods and with uses that have been devised for daily necessities in the care of public health, the organization and duties of the board have been directed. And no higher compliment can be paid to the enlightened spirit that is beginning to pervade the public mind in regard to the State Board of Heath, and the duties connected therewith, than the testimony which we now bear to the fact, that the people, as well as the profession, have spontaneously and heartily aided in giving effect to every measure proposed.

It is not for us to estimate the importance of the information secured by the methods employed; yet we can not withhold the opinion, that as a science, cultivated with a view to state purposes, it is almost, if not quite, an unexplored theatre of action. Having for its ends not only the conservation, but also the development of life—life, in all its evolutions and manifestations—in the energy of strength, in the power of intellect, in the efficiency of mind as well as body, we are not prepared to comprehend its immense proportions, nor even to approximate the brilliant results which we believe are to be attained through the practical application of its life and health-giving principles.

*Practical Hygiene, by E. A. Parkes, M.D., F. R. S.

†Ordronaux.

Branch Laboratories Discontinued.

The Los Angeles and Sacramento branches of the State Hygienic Laboratory have been discontinued by the State Board of Health and all of the work performed, heretofore, in the branches will now be done in the main laboratory at Berkeley. Health officers and physicians who may have on hand any containers addressed to either branch laboratory are requested to return them as soon as possible to the State Hygienic Laboratory, Berkeley, upon receipt of which, new containers bearing proper address, will be forwarded. All mail pertaining to biological examinations should hereafter be addressed to the main laboratory at Berkeley.

The runabout child for whom thoughtful home care, however simple and limited, is possible, does not seem to bear any direct relation to the wider public health problems. And yet the mothers of such children are dependent in the main for the protection of the health of their own children upon the protection and care of ALL children.—William Palmer Lucas, M.D., in "The Health of the Runabout Child."

Digitized by Google

MORBIDITY.*

Diphtheria.

127 cases have been reported as follows: Los Angeles County 15, Los Angeles 37, San Mateo 2, Orange County 2, Fresno 6, Mill Valley 1, Monterey County 4, Riverside 1, Turlock 2, Pasadena 1, Santa Monica 1, South San Francisco 1, Sacramento 2, Lompoc 1, San Fernando 1, Fresno County 2, Alhambra 2, Oroville 1, San Anselmo 1, Inglewood 1, Oroville 1, Yreka 1, San Jose 2, Hanford 1, Tulare County 1, Pomona 1, Alameda 2, Santa Barbara 2, Stockton 1, San Francisco 31.

Measles.

843 cases have been reported as follows: Piedmont 12, Alameda 466, Los Angeles 141, Los Angeles County 33, Pasadena 5, Fresno 11, San Mateo 18, Santa Clara County 17, Lodi 38, San Joaquin County 29, Tracy 8, Santa Barbara 92, Palo Alto 17, San Jose 39, Colfax 7, Sacramento 44, Orange County 8, Long Beach 6, Albany 3, Solano County 2, Santa Monica 1, Fresno County 1, Lompoc 5, Vacaville 3, Dinuba 4, Chino 1, Walnut Creek 3, Redondo Beach 1, Reedley 3, Yreka 1, Siskiyou County 1, Alhambra 2, San Gabriel 4, Whittier 3, Monrovia 1, El Segundo 4, Manteca 3, Stockton 1, Santa Rosa 1, Riverside 3, Red Bluff 2, Chico 4, Santa Ana 1, Burbank 2, Madera 3, Stanislaus County 4, Healdsburg 1, San Diego County 2, Redwood City 3, Colton 2, Merced County 2, Oroville 1, Benicia 2, Mendocino County 1, Sunnyvale 1, Butte County 1.

Whooping Cough.

108 cases have been reported as follows: San Francisco 10, Los Angeles County 4, San Joaquin County 8, San Jose 19, Fresno 14, Los Angeles 19, Palo Alto 1, Santa Clara County 2, Solano County 2, Pasadena 4, Sacramento 4, Oroville 1, Lompoc 5, Fresno County 1, Piedmont 5, Mill Valley 3, Merced 3, Alameda 1, Lodi 1, Tracy 1.

Scarlet Fever.

121 cases have been reported as follows: San Francisco 16, Los Angeles County 1[illegible] Long Beach 5, Los Angeles 41, Palo Alto 1, Orange County 2, Fresno 4, Santa Clara County 1, Stanislaus County 1, San Diego County 1, Santa Monica 1, Sacramento 1, Benicia 1, Richmond 2, Placer County 1, Santa Ana 1, Contra Costa County 3, Fresno County 4, Chula Vista 1, Colusa County 1, Vallejo 1, San Bernardino County 3, Reedley 2, Tulare County 2, Pomona 3, Hawthorne 1, San Mateo County 1, Alameda 1, Stockton

Smallpox.

23 cases have been reported as follows: Los Angeles 11, Santa Clara County 1, Stanislaus County 1, San Luis Obispo 1, San Bernardino County 2, Tulare County 1, Alhambra 3, Pomona 1, Los Angeles County 2.

Typhoid Fever.

8 cases have been reported as follows: Orange County 3, Fresno 2, San Joaquin County 2, Alhambra 1.

Cerebrospinal Meningitis.

2 cases have been reported as follows: Santa Clara County 1, Fresno County 1.

Poliomyelitis.

2 cases have been reported as follows: San Francisco 1, Los Angeles County 1.

Epidemic Jaundice.

2 cases have been reported from Los Angeles.

*From reports received on June 17th and 18th for the week ending June 16, 1923.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 16 received by June 19	Week ending			Report for wee ending June 1 receive by June 2
	May 26	June 2	June 9		May 27	June 3	June 10	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	0	2	2	2	4	1	3
Chickenpox	249	184	218	140	165	190	169	119
Diphtheria	167	136	124	127	114	160	162	139
Dysentery (Bacillary)	2	5	5	4	0	5	11	9
Epidemic Encephalitis	2	4	2	1	4	2	2	2
Epidemic Jaundice	0	0	0	2	0	8	0	0
Gonorrhoea	82	118	85	108	55	118	114	63
Influenza	32	24	20	12	24	17	13	3
Leprosy	1	0	2	0	0	1	0	0
Malaria	3	2	2	1	0	3	2	1
Measles	1084	992	1138	843	45	47	50	11
Mumps	35	30	32	23	53	68	50	39
Pneumonia	49	67	79	39	72	103	70	50
Poliomyelitis	1	4	0	2	0	2	0	2
Scarlet Fever	168	161	155	121	115	102	91	77
Smallpox	32	22	32	23	36	31	60	61
Syphilis	85	55	67	141	72	78	119	71
Tuberculosis	182	92	172	127	178	244	146	123
Typhoid Fever	10	6	25	8	11	15	29	18
Whooping Cough	167	141	148	108	81	103	99	104
Totals	2351	2043	2308	1832	1027	1293	1188	893

24245 6-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 20 JUNE 30, 1923 GUY P. JONES EDITOR

Pacific Coast Health Officials in Conference.

The second annual conference of Pacific coast health officials was held in San Francisco, June 26th and 27th. Among those attending were Dr. Paul A. Turner, state health officer of Washington, Dr. Frederick O. Stricker, state health officer of Oregon, Dr. Walter M. Dickie, state health officer of California, Dr. L. M. Powers, health commissioner of Los Angeles, Dr. William C. Hassler, health officer of San Francisco, Dr. F. W. Browning, health officer of Hayward, Dr. William Simpson, health officer of Santa Clara County, a number of other local health officers and physicians, as well as members of the staff of the California State Board of Health. Among the guests were Dr. John A. Ferrell, director of the International Health Board, New York City, Surgeon General Hugh S. Cumming of the United States Public Health Service, Assistant Surgeon Generals J. W. Kerr and W. F. Draper of the United States Public Health Service, Washington, Senior Surgeon J. C. Perry of the United States Public Health Service, San Francisco, Dr. G. K. Olmstead, president of the Colorado State Board of Health, Dr. George Parrish, health officer of Portland, Oregon, and many others. No formal papers were presented but informal, active discussions were held upon such subjects as rabies, plague, leprosy, narcotics, pure foods. automobile tourist camps, the health of Indians and the control of communicable diseases on the Pacific coast.

The conference was highly successful and accomplished much in outlining plans for stronger cooperation among health officials of the Pacific coast. Under the new constitution all health officers, all members of state, county and local boards of health and all other persons actively and constantly engaged in public health work within the limits of Washington, Oregon, California, Arizona, Nevada and Idaho and the territory of Hawaii and the Province of British Columbia shall be members of the conference. The regular meetings will be held annually. The 1924 session will be held in Portland, Oregon. Two important resolutions pertaining to the control of rabies and plague on the Pacific coast were introduced and are printed herewith.

RESOLUTIONS ON RABIES CONTROL.

Adopted by Conference of Pacific Coast Health Officials, at San Francisco, June 27, 1923.

WHEREAS, The Pacific Coast Conference of Health Officials meeting this day at San Francisco in its annual conference to consider the problems of public health, finds that rabies is a problem of vital importance to the Pacific coast states, and is an interstate problem, and

WHEREAS, Rabies has become a permanent problem and the disease in animals has become endemic, and

WHEREAS, The spread of the disease of rabies is principally a problem of the control of dogs, and

WHEREAS, The control of rabies in dogs depends upon the enforcement of regulations

Digitized by Google

prohibiting dogs to be at large, except when immunized to rabies, and

WHEREAS, The control of rabies may be accomplished by concerted action over large territory; therefore be it

Resolved, that the Pacific Coast Conference of Health Officials go on record as favoring strict regulation and enforcement by their respective states of immunization of all dogs that are allowed at large; and further be it

Resolved, that immunization be done as a state wide measure without financial gain.

RESOLUTION ON PLAGUE CONTROL.

Adopted by Conference of Pacific Coast Health Officials, at San Francisco, June 27, 1923.

WHEREAS, Plague is a menace to all Pacific coast states; and

WHEREAS, Plague is endemic among ground squirrels in California and there is grave danger of its spread to rats; and

WHEREAS, Human cases of plague have occurred annually in California; and

WHEREAS, The very limited operations for the control of plague have been jeopardized by the lack of adequate appropriations; therefore be it

Resolved, That the Pacific Coast Conference of Health Officials requests the aid of the Surgeon General of the United States Public Health Service in calling the attention of the state and local authorities to the grave menace that exists to the public health and economic welfare of these communities; and be it further

Resolved, That a copy of these resolutions be forwarded to the state health authorities for transmission to the boards of supervisors and city councils of the communities involved.

Scholarships Available to Public Health Nurses.

According to an announcement made by the Committee on Awards of Nurse Scholarship of the American Child Health Association, a sum not to exceed ten thousand dollars has been set aside for scholarships to be made available to nurses for the purpose of furthering the cause of child health. The announcement of the committee reads as follows:

1. More field nurses in rural districts and in cities with preparation for child health work in its various phases; maternal, including prenatal care, infant, preschool and school care.

2. More child health specialists with a general knowledge of public health nursing and an ability to teach and supervise.

3. More administrators, teachers and supervisors in schools of nursing and in public health nursing organizations with a broad knowledge of child care.

4. More educational facilities for child care.

The courses offered must necessarily vary. The committee realizes that the past training and experience of the applicants will make necessary provision for different educational opportunities. These will vary from a short period of observation to a year's college work.

The requirements which the applicants will be expected to meet are:

I. Academic standing acceptable to institution to which student may be assigned.

II. Eligibility for membership in National League of Nursing Education or National Organization for Public Health Nursing.

III. Effectiveness as a worker and the possessor of a pleasing and favorable personality.

IV. An appreciation of health standards and a sense of responsibility in maintaining her own health.

V. Experience or training in general public health nursing with a special interest in child health, or special training or experience in some phase of child care.

"It is to the everlasting credit of doctors that as a rule they do report contagious diseases though in so doing they incur the displeasure of the family employing them. It is to their credit that they continually strive to prevent the spread of infection, knowing that such a course lessens their income. Reporting of contagious diseases is essential, as not until a report is made can the health officer take action that will prevent infection from reaching others. An early report and prompt quarantine are essential, as contagious diseases are communicable from the beginning of the disease."

"The doctor who is a good citizen will report contagious diseases not alone because it is required by law, but because he is interested in the welfare of the people where he lives. A good citizen will not want to conceal a contagious disease and will not ask a doctor to refrain from reporting it. In fairness to his neighbor and the public, he should let it be known that there is a disease in his house dangerous to others. The easiest way to do this is to have a warning sign placed on his door. He should submit to this gladly. He should do unto others as he would have others do unto him."

"Generally speaking, it is not necessary in this day of the automobile to live with and among hordes of annoying and dangerous flies. We have them largely because there are nearby breeding places. Before the days of the automobile, when the horse was a member of the family, as it were, and the accompanying manure piles or fly nurseries were running full blast, it was by no means easy to keep down the numbers of these pests. The partial elimination of flies in villages following the advent of the automobile is thus largely accidental. This smaller fly population, however, does not justify carelessness in relation to infected materials, since one fly which has had access to such material is capable of carrying infection and even death."

Digitized by Google

Millions of Imitation Fruit Drinks Sold Annually.

The soft drinks consumed in this country in a single year make up a quantity of liquid refreshment so large that it is hard to conceive of such a volume of varicolored and variflavored waters. If our last year's supply had been available to Methusaleh at the beginning of his alleged 969 years he would have had eight bottles to dispose of every minute of his mortal span. The cold figures estimated by statisticians tell us that each year thirsty Americans consume four billion bottles of soft drinks, and this total does not include beverages, such as near beer, made from cereals. This sparkling flood is poured out from 10,000 bottling establishments and over 110,000 soda counters.

This enormous thirst-quenching industry is a relatively recent development, a result of the rapid commercializing of the discoveries of the chemist. It was not so long ago when bottled sodas were universally known as pop and found their principal market at baseball games, fairs and carnivals. These clear, watery drinks with a flavor usually suggestive of over-ripe bananas were good thirst killers, but provided little delectation for the palate. Had not great changes taken place in the beverage industry it is hardly probable it would ever have grown to present proportions. These improvements lead to the question of the composition of these ubiquitous beverages.

What is in these refreshing liquids which may be bought almost anywhere at a nickel a bottle or glass? Fruit juices? Well, sometimes, but the chemist has simplified the problem of supplying us with a pleasing drink at a low price. He has made marvelous imitations of nature's products and it has now become necessary for other chemists, those employed by the United States Department of Agriculture, to keep watch of the composition of the various drinks under the authority of the Food and Drugs Act which requires that imitations be so labeled. Under this law these drinks are considered foods. Briefly, they are made up of sugar, sparkling water, a fruit acid, and minute quantities of flavor and color.

Necessarily there is a great variation in the makeup of the numerous beverages of this class, but roughly each bottle contains about three-fourths of an ounce of sugar and the tart taste is usually imparted by about two grains of citric or tartaric acid. In phosphate drinks phosphoric acid is used for this purpose. In recent years the flavors have increased greatly in variety, including, among others, orange, lemon, lime, cinnamon, neroli, vanilla, coco leaves, kola nuts, wintergreen, prickly ash bark, nutmeg, cloves, geranium, ginger, grains of paradise, sassafras, and sarsaparilla. The flavors are usually made up in alcoholic tincture and five to ten drops used to the bottle.

The skilled chemist has provided a host of flavors which the consumer can not distinguish from the original from Nature's laboratory. He is using aromatic chemicals formerly used only in the perfume industry. The aroma as well as the color and flavor of fruits is being imitated. Orange and grape imitations, perhaps, have been more widely produced than any others.

In making these "fruity" drinks successful efforts have been made to please the eye as well as the palate. The old-fashioned "pop" drinks were clear. Many of the new drinks are cloudy, simulating in appearance fruit drinks containing fruit pulp in suspension. The cloudy effect is produced in various ways—by putting up the flavors with a little gum, such as acacia, tragacanth or Indian gum, and by the use of small quantities of starch.

These modern beverages made to simulate fruit drinks in taste, color, and general appearance, contain nothing dangerous to health, but the Food and Drugs Act demands that such products entering into interstate commerce be labeled for what they are. The concentrated syrups which are used as the base for making up many of the beverages are so marked, but when the drink comes to the consumer in bottle or glass he has no means of knowing whether he is getting the natural product or the imitation unless the state requires that it be shown on the bottle whether or not the product is an imitation.—U. S. Department of Agriculture.

I pity no man because he has to work. If he is worth his salt, he will work. I envy the man who has a work worth doing, and does it well. There never has been devised, and there never will be devised, any law which will enable a man to succeed save by the exercise of those qualities which have always been the prerequisites of success—the qualities of hard work, of keen intelligence, of unflinching will.—Theodore Roosevelt.

Digitized by Google

Morbidity.*

Diphtheria.

121 cases of diphtheria have been reported as follows: Los Angeles County 13, Los Angeles 35, San Francisco 25, Oakland 11, Bakersfield 6, Long Beach 1, Sacramento County 1, Santa Clara County 4, South Pasadena 2, San Bernardino 1, Hawthorne 1, Santa Rosa 1, Napa County 1, Kern County 2, Daly City 1, Orange County 3, Mayfield 2, Modesto 1, Tuolumne County 1, San Joaquin County 1, Berkeley 3, Merced County 1, Fresno County 2, Contra Costa County 1, San Fernando 1.

Measles.

490 cases of measles have been reported, as follows: Oakland 30, Lodi 29, Pomona 5, Alhambra 8, Los Angeles County 22, Los Angeles 109, San Joaquin County 27, Santa Clara County 25, Gilroy 12, Bakersfield 5, Chico 7, Berkeley 25, Stockton 5, Redwood City 6, Colfax 10, San Mateo 8, Tuolumne County 8, Sacramento County 12, Modesto 5, Palo Alto 12, Burbank 8, San Luis Obispo County 12, Alameda 8, Butte County 3, Covina 2, Richmond 2, Stanislaus County 1, Madera 1, Red Bluff 2, Dinuba 1, Fresno County 1, Sutter County 1, Livermore 3, San Bernardino County 2, San Diego County 4, Pasadena 3, Merced County 2, Santa Monica 2, Calistoga 1, Colusa County 4, Colusa 3, Santa Ana 3, Orange County 2, Petaluma 2, Tulare County 1, Grass Valley 1, Solano County 2, Mill Valley 1, South San Francisco 2, Redondo Beach 1, Placerville 1, Burlingame 1, San Leandro 3, Lompoc 4, Santa Rosa 1, Pacific Grove 2, Santa Barbara County 3, San Bernardino 2, Claremont 4, Willits 1, Napa County 1, Santa Cruz County 2, Dixon 2, South Pasadena 1, Long Beach 4, El Segundo 3, Whittier 4.

Scarlet Fever.

108 cases of scarlet fever have been reported, as follows: Los Angeles County 9, Los Angeles 30, San Francisco 19, Pomona 6, Oakland 8, Chico 2, Chula Vista 1, Tulare County 1, San Luis Obispo County 1, Santa Clara County 1, San Bernardino County 1, Marin County 2, Pasadena 3, Reedley 1, Orange County 1, Colusa County 1, Santa Ana 1, San Benito County 1, Hawthorne 2, Colton 2, Long Beach 3, San Bernardino 3, Berkeley 1, Ventura County 1, Bakersfield 1, Fresno County 3, Stanislaus County 1, Riverside 1, Turlock 1.

Whooping Cough.

56 cases of whooping cough have been reported, as follows: Pasadena 7, Los Angeles 9, Los Angeles County 14, Long Beach 6, Oakland 2, Berkeley 1, West Covina 1, San Gabriel 2, San Joaquin County 2, Chula Vista 1, Napa 1, Santa Clara County 2, Monterey County 2, Alameda 2, Orange County 4.

Smallpox.

20 cases of smallpox have been reported, as follows: Los Angeles 7, Ventura County 7, Santa Barbara County 1, Los Angeles County 2, Stanislaus County 1, Modesto 2.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Willits 1, Imperial County 1, Los Angeles 3, Marin County 1, Berkeley 1, Orland 1, San Diego County 1.

Cerebrospinal Meningitis.

Redding reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

San Francisco reported 2 cases and Grass Valley 1 case of epidemic encephalitis.

Rabies (Human).

Los Angeles reported one case of human rabies.

*From reports received on June 25th and 26th for week ending June 23d.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 23 received by June 26	Week ending			Reports for week ending June 24 received by June 27
	June 2	June 9	June 16		June 3	June 10	June 17	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	2	4	1	4	1	3	2
Chickenpox	184	218	187	103	190	169	147	126
Diphtheria	136	124	174	121	160	162	140	137
Dysentery (Bacillary)	5	5	5	0	5	11	14	3
Epidemic Encephalitis	4	2	2	3	2	2	2	1
Gonorrhoea	118	85	137	112	118	114	71	67
Influenza	24	20	15	15	17	13	6	3
Leprosy	0	2	1	0	1	0	0	0
Malaria	2	2	2	0	3	2	1	3
Measles	992	1138	1139	490	47	50	25	45
Mumps	30	32	25	12	68	50	56	55
Pneumonia	67	79	83	21	103	70	55	49
Poliomyelitis	4	0	2	0	2	0	2	1
Rabies	1	0	0	1	0	0	0	0
Scarlet Fever	161	155	146	108	102	91	90	80
Smallpox	22	32	27	20	31	60	62	25
Syphilis	55	67	156	121	78	119	72	97
Tuberculosis	92	172	158	108	244	146	142	99
Typhoid Fever	6	25	13	9	15	29	26	17
Whooping Cough	141	148	165	56	103	99	115	101
Totals	2043	2308	2441	1301	1293	1188	1029	911

24245 6-23 5500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 21 JULY 7, 1923 GUY P. JONES EDITOR

Milk Can Sterilization.

With the advent of hot weather the sterilization of milk cans is of the utmost importance from the bacteriologic and economic standpoints. This applies especially to the cans which are returned supposedly in a clean, sanitary condition to be refilled by the producer. Unless sterilized on the farm, cans which have not been treated in a thorough manner by the dealer will probably be the cause of his receiving very poor if not extremely undesirable milk in the next shipment. Even when cans are washed and rinsed soon after being emptied, but are not sterilized, they will usually contain at least several million bacteria, especially if a number of utensils are washed and rinsed in the same water. In warm weather, these millions will be increased to billions in 24 or 48 hours, for in such cans plenty of moisture and food material for bacterial growth are usually present.

Some experiments have been recently conducted by the Dairy Division of the U. S. Department of Agriculture. Milk cans were washed and rinsed and bacteria counts were made on them both before and after sterilization and on similar cans which were held for 24 and 48 hours. The lids were left on the cans and they were held in much the same manner as if they had been returned to the producer from a milk plant. In making the counts on the cans they were rinsed with 400 cubic centimeters, or about one pint, of sterilized water and only the bacteria found by the first rinsing are represented in the figures given here; therefore, the counts do not show all of the bacteria in the cans, but indicate their general condition. The work performed with four 10-gallon cans is taken as an example of what was found in cans which were unsterilized and those which were steamed for 25 minutes in a concrete sterilizer and dried. These examples are typical of the general results obtained in the investigations.

In the first rinsing of one unsterilized can soon after washing 47,000,000 bacteria were found, while the count for a similar can immediately after sterilization was 3,600. Another similar unsterilized can which was held 24 hours yielded 16,000,000,000 bacteria at the first rinsing, while in the fourth can, which had been sterilized and dried, only 16,800 bacteria were obtained by the first rinsing after 24 hours. The unsterilized can which had been held 24 hours, would have contaminated milk placed in it with over 400,000 bacteria per cubic centimeter, as compared with probably not more than one organism per cubic centimeter in the corresponding sterilized can. These counts, although not meant to be taken as a standard in any sense of the word, do indicate that thorough sterilization of milk cans is a most important factor, especially in warm weather.—U. S. Department of Agriculture.

Digitized by Google

Preventive Medicine Has Large Place in Living.

Sir George Newman, medical officer of health of Great Britain, is a strong advocate of a policy that would make the practice of medicine an integral factor in the social life of all people. He expressed this opinion recently in the following words: "No medical man who is in a right sense a man of the world can have failed to ponder on the near relationship which obtains between the practice of medicine and the social life of the people. It has often been said that our patients are not cases but men, women and children, each with a separate personality, environment, heredity, and variation, with individual habits, training, temperament and psychology. We can not be wise healers of the patient of the community without a large sympathy and a liberal humanism. We are the witnesses of a strange and rapid transition in the life of the people as a whole, an enlarging franchise and new social complexes; higher wages, shorter hours of work, increased leisure, high prices and democratic aspirations are not remote from the national health and well-being. The doctor must be the missionary of hygiene, the chief educator of the people in ways of health. In being that he can not escape his share of responsibility in the study and handling of many of the medical sociological questions which surround us—education, sobriety cleanness of living, the prevalence of venereal disease, prostitution, the penal laws, the causes of certain crimes, the integrity of family life—all such questions concern us and to fulfill our vows we must be concerned with them. The cultivation of international science, cooperation and amity should also, I think, be added. It is essential that we should remember that whilst these issues belong to the warp and woof of medical polity, the decisive factor is not medical and movements in favor of their determination on medical ground are only doomed to failure."

Paresis (or general paralysis) and locomotor ataxia, diseases due to syphilis of the nervous system, have resisted treatment with drugs that kill the germs of syphilis in other organs of the body. In 1915 two American chemists described a new form of a drug, arsenic, that has been found to cure syphilis in animals. During the past three years physicians at the University of Wisconsin have treated cases of paresis with this new arsenical, tryparsamide, and have secured some striking results. "While tryparsamide can not be called a cure for general paralysis and locomotor ataxia, the effects as reported by the Wisconsin investigators, appear to be more striking than any heretofore reported."

Vacation Time Notes.

For those who have no definite disease, and are just "run down," no special vacation routine is required in order that they may return to their duties with a great measure of increased mental and physical strength. Rest in the open air is what will do them the most good, and as the program of most vacations in the summer provides a large amount of this, even those who do not deliberately seek it will inevitably benefit.

Of course, in order that one may not accidentally contract an infectious disease while out of town, the ordinary precautions must be taken.

Find out whether typhoid fever is prevalent in the neighborhood selected for your vacation, and if you can not be certain that it is not, have yourself immunized against the disease before leaving the city, by your physician, who, upon request, will give you the three doses of typhoid vaccine required to give you an immunity that will last for at least two and, possibly, for many, years. Of course, everyone should be revaccinated against smallpox, if this has not been done within ten years.

For your comfort and protection against other diseases do not go where mosquitoes abound and where the house arrangements permit access of these insects. Neither should one patronize places where flies are allowed access to the food, either in the kitchen or the dining room, for the food over which these nasty insects have crawled is much more dangerous than the boarding-house huckleberry pie, jocously alluded to as containing "first a berry, then a fly," since it is the germs carried on the fly's feet that are the real menace. Look out for "bed-bug palaces," since, besides the annoyance caused, such insects may inoculate one with disease.

Don't eat any food that is under suspicion of being spoiled, either from its history, or the evidence of your sight, smell or taste, since serious digestive disturbances, including "summer complaint," may result.

By all means see that your drinking water comes from a safe source—not from a well or cistern into which sewage may drain.

Before you go to the country your teeth should be put in good condition.

If showing any evidence of any illness whatever (including evestrain), you should go to the family physician, or other medical authority, for advice.—School Health News.

Digitized by Google

Child Dies From Bite by Rabid Dog.

A child in Oakland, who was bitten by a dog April 4th, while living in Los Angeles county, died of rabies, June 26th, in the Alameda County Hospital. The child was bitten on the forefinger and six days later was given the Pasteur treatment upon the receipt of a report of positive findings for rabies in the dog. The wound was not cauterized with nitric acid. Treatment was completed without intermission. On June 5th a dog which had been kept in confinement for a period of 40 days was released and on the same day bit this child upon the same forefinger which had been bitten previously by the rabid dog. The child with his family left for Oakland June 16th where he remained until his death. He was well until June 25th when he showed typical symptoms of rabies which became increasingly aggravating until the time of his death the following day. Less than one per cent of individuals who have received the Pasteur treatment die of rabies. It is not believed that the bite of the second dog is associated in any way with this case. Apparently, this patient came within the exceedingly small class of individuals in whom immunity is not produced through the Pasteur treatment.

Too often, because medical officers of health desire to secure prevention, they are stated to be in favor of the nationalization of the medical profession, but nationalization will not secure prevention any more than panel practice will lessen avoidable sickness. Better training and better understanding will mean better results for the medical officer of health and the state want the help of the general medical practitioner in the direction of the practice of preventive medicine. We realize that for years to come the main function of the general practitioner will be the treatment of disease, but we are confident that when the new medical curriculum gets into full working order, the medical man, during his course of training, will be animated with the spirit of prevention which we hope, in the language of Sir George Newman, will remain with him "as a pervading influence, an attitude of mind, permeating and guiding all clinical study and practice," and so, leading directly to the promotion of national health.—Medical Officer.

BUILDING SOUND BONES.

Sunlight and nourishing food mean a sturdy youngster, almost too active for the mother's peace of mind; the lack of them means a round bellied little child waddling on bowed, skinny legs. It isn't always the child of the wealthy who is sturdy, however, for although his parents can afford sunlight, they also afford food too rich for his little digestive system and entertainment too frequent and too exciting for his little nervous system."—Hygeia.

Leprosy Amenable to Treatment.

Leprosy is in a measure amenable to treatment, says the U. S. Public Health Service. During the last ten years (1912-21) a considerable percentage of the lepers segregated at the Kalihi Hospital, near Honolulu, and on Molokai Island have been paroled; that is, they have been released as being "not a menace to the public health," but have been required to report for examination at certain intervals which vary with the individual case. Of those paroled about 13 per cent have relapsed and have returned to segregation; but about one-fourth of these were later paroled for the second time. In all, 242 lepers were paroled; 31 relapsed and seven of these were later paroled. Ten were completely released from parole.

The chance of arresting the disease decreased with the length of time that it had been allowed to go without treatment unless this period was seven years or more. Apparently patients who survive without treatment for seven years possess powers of resistance that slightly increase their chances for marked improvement under treatment.

Those who desire it are treated with chaulmoogra oil and its derivatives.

The parole system was begun in 1912 and has worked admirably. Those paroled appear to have told their friends that the conditions existing at the hospital were good; and the mere fact that they had been released has shown that segregation might lead to cure and not to lifelong confinement, as it almost invariably did previous to 1912. As a consequence many lepers, instead of concealing the disease up to the last possible moment (and thereby spreading it through the community) are now surrendering of their own accord and taking treatment. This earlier surrender and earlier treatment hasten the degree of improvement that will secure parole and will later, perhaps, complete release. About 70 per cent of these who have been paroled were in segregation for less than two years.

In the last fifty years, the science of medicine has advanced more than in the previous fifty centuries. But the average man or woman is still willing to tell you an infallible remedy for a cough or the rheumatism.—Hygeia.

Digitized by Google

MORBIDITY.*

Diphtheria.

134 cases of diphtheria have been reported, as follows: Oakland 8, Los Angeles 58, San Joaquin County 6, Los Angeles County 11, San Francisco 22, Alameda 3, Pasadena 1, Sacramento 1, Santa Clara 1, Merced County 2, Kern County 4, South Pasadena 1, San Bernardino County 1, Bakersfield 3, Sonora 2, Fresno County 2, Huntington Park 1, Berkeley 3, Richmond 3, Mill Valley 1.

Measles.

501 cases of measles have been reported, as follows: Oakland 20, Chico 5, Santa Clara County 15, Palo Alto 17, Berkeley 15, Long Beach 12, Alhambra 11, Pasadena 7, Los Angeles County 15, San Leandro 8, Alameda 16, Sacramento 34, Willits 6, Tracy 5, San Joaquin County 5, Lodi 5, Calistoga 5, Gilroy 29, Alameda County 2, Redwood City 4, Orange County 2, Mill Valley 4, Sausalito 2, Red Bluff 2, Healdsburg 3, Burbank 3, Carmel 1, Monterey 2, Los Angeles 71, San Francisco 122, Santa Cruz County 4, Monterey County 1, Monrovia 1, Hawthorne 2, El Segundo 3, Santa Monica 1, San Luis Obispo County 2, Butte County 5, Lompoc 4, Benicia 4, Tuolumne County 3, Fresno County 1, Contra Costa County 1, Merced County 3, Stockton 3, Vacaville 1, Manteca 3, Tulare County 1, Santa Ana 1, Sacramento County 3, Richmond 2, Fullerton 1, Huntington Park 1, Pacific Grove 2.

Scarlet Fever.

74 cases of scarlet fever have been reported, as follows: Los Angeles 27, Oakland 4, San Francisco 6, Pasadena 4, Sacramento 1, Stockton 1, Marin County 1, Burbank 2, Ventura County 1, Alameda 3, Long Beach 4, Monrovia 2, Los Angeles County 2, San Diego County 1, Chula Vista 1, Patterson 1, Fresno 1, Chico 2, Santa Ana 1, Berkeley 2, Riverside 1, Richmond 1, San Bernardino County 2, San Jacinto 3.

Whooping Cough.

52 cases of whooping cough have been reported, as follows: Los Angeles 12, Long Beach 7, Pasadena 7, San Francisco 8, Alameda 1, Whittier 1, Los Angeles County 1, Mill Valley 1, San Joaquin County 1, Lodi 3, Stockton 2, South Pasadena 1, San Luis Obispo County 2, Orange County 2, Riverside 1, Oakland 2.

Smallpox.

11 cases of smallpox have been reported, as follows: Los Angeles 5, Sacramento 1, Chino 3, Visalia 1, Tulare County 1.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Alhambra 1, Los Angeles County 2, Los Angeles 3, Rialto 1, San Leandro 1, San Francisco 1, San Joaquin County 1, Stockton 1, Red Bluff 1, Healdsburg 1, Colusa 1, Contra Costa County 1, San Bernardino County 1, Imperial County 1, California 1.

Cerebrospinal Meningitis.

Four cases of epidemic cerebrospinal meningitis have been reported, as follows: Alameda 1, Bakersfield 1, San Francisco 1, Los Angeles 1.

Poliomyelitis.

Two cases of poliomyelitis have been reported, one from Contra Costa County and 1 from Los Angeles.

Leprosy.

Sacramento reported one case of leprosy.

Epidemic Encephalitis.

Los Angeles reported 1 case of epidemic encephalitis.

Rabies (Human).

Los Angeles County reported one case of human rabies.

*From reports received on July 2d and 3d for week ending June 30th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 30 received by July 3	Week ending			Reports for week ending July 11 received by July 4
	June 9	June 16	June 23		June 10	June 17	June 24	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	4	1	4	1	3	3	0
Chickenpox	218	187	128	73	169	147	133	79
Diphtheria	124	174	132	134	162	140	142	146
Dysentery (Bacillary)	5	5	0	0	11	14	3	1
Epidemic Encephalitis	2	2	6	1	2	2	1	3
Gonorrhoea	85	137	124	78	114	71	79	55
Influenza	20	15	22	4	13	6	3	6
Leprosy	2	1	0	1	0	0	0	1
Malaria	2	2	1	3	2	1	3	1
Measles	1138	1139	831	501	50	25	49	19
Mumps	32	25	14	12	50	56	60	15
Pneumonia	79	83	39	36	70	55	56	47
Poliomyelitis	0	2	1	2	0	2	1	4
Rabies	0	0	1	1	0	0	0	0
Scarlet Fever	155	146	134	74	91	90	90	59
Smallpox	32	27	22	11	60	62	26	21
Syphilis	67	156	126	100	119	72	97	66
Tuberculosis	172	158	131	144	146	142	226	119
Typhoid Fever	25	13	16	18	29	26	23	12
Whooping Cough	148	165	80	52	99	115	117	84
Totals	2306	2241	1809	1249	1188	1029	1112	731

24245 7-23 5M CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 22 JULY 14, 1923 GUY P. JONES EDITOR

Making Light of a Serious Disease.

A writer in the *Medical Officer,* published in London, makes light of the United States Public Health Service report of tularaemia in our neighboring State of Utah. The criticism might be worthy of more serious consideration, were it not for the fact that this overseas publication has often written facetiously concerning scientific investigations into communicable diseases and their control undertaken by American workers. A few months ago an article in the *Medical Officer* ridiculed a serious outbreak of botulism caused by infected canned food reported in an Indiana town. In it the writer wondered "if the water were not tinned" and wandered far afield in his false interpretation of a scientific report. Cynical, satyrical writing makes good reading and there is real enjoyment to be had in the editorial reprinted here.

In reading, it must be remembered, however, that jackrabbits are native to Utah but not to London.

A "NEW" DISEASE.

When a person observes that an ordinary worm has developed a kink in either of its tails, or that a previously sedate spider has affected spats, he proceeds at once to announce his great discovery and to label his victim with a title long and ugly enough to awaken envy in many a decent Welsh village. At the end of this appellation he attaches his own name, and probably the date of his amazing discovery. The result is that we have the Biwonkycaudatus William 1066, or the Arangopseudospattus Buggins 1927—to the great detriment of euphonic and scientific English and to the lasting disgrace of those egotistic describers. With diseases, more fortunately, we have been spared in general this personal advertisement. Hippocrates, Galen and Rhazes did not seek to perpetuate their names so cheaply; nor do we talk of Rickets Glisson 1650, or of Scarlet Fever Sydenham 1675. The few diseases known by the names of their first describers are called shortly by those names alone—Adison's or Graves' diseases—and even the dates are omitted.

Really good advertising ability is found pre-eminently in the United States. They knock spots off us at this business, and Piccadilly sky-signs are dark in the light of Broadway. When Christopher Columbus discovered America he did not add his name and date to it, for probably he did not consider it to be a new disease; but the present inhabitants of that great country are not so reticent. In the State of Utah there lives a pre-Columbian rodent of ancient lineage known as the jack-rabbit; and this animal has been accused of causing a disease in man which is now officially and succinctly known as "Tularaemia Francis 1921, a New Disease of Man." * * * It is probably just about as new as the rabbit and as man; but it is new, oh! very new!—To Surgeon Edward Francis. So he discovered it, and he and two other enthusiasts turned it into a medical paper of eighty-seven pages, complete with lots of tables and a pretty plate showing the Bacterium Tularense Francis 1921 in rod and coccal form, multiplied by 3200 (approximate).

As its name implies, Tularaemia Francis 1921 is a horrid disease. If it is your inclement destiny to live in Utah, you may get it from your rabbit when it bites you. When your rabbit sneezes in your face you may become diseased, for the creature's nasal secretion is infective. So is its urine. So are its feces or faeces, according to whether you are American or English. If you neglect to wash

Digitized by Google

your rabbit, it may become lousy and then its lice will give you Tularaemia, etc. Perhaps your rabbit may infect your white mouse, which, as of course you know, harbours the mite called Liponyssus Isabellinus—in which event Isabella's mite will get it in the neck and develop a sore and a bubo; for the disease starts with a shin abrasion and goes on to suppuration of adjacent lymphatic glands. Indeed, this "new" disease might well be modified form of plague, or of any other sort of old-fashioned septicaemia.

To find some new thing has always been a human desire, and we rebel against the saying of the preacher that there is no new thing under the sun. To discover a new star, to come to a new island, newly to unearth even an ancient tomb is joy to the discover; but before bursting into print the observer should have a care that he is not describing as new something which is in reality very ancient or something very well known to other scientists or earlier civilizations. Tularaemia Francis 1921 existed no doubt in 1291 among the rabbits and men of those days, although happily it was not then the medium of an advertisement.

Three California Cities on Honor Roll.

California may well be proud of the remarkable records in low infant mortality rates made last year by Berkeley, Long Beach and San Diego. According to the American Child Health Association of Washington, D. C., these California cities have the lowest infant mortality rates of all cities in the United States Birth Registration Area having populations of from 50,000 to 100,000. The published rates are as follows: Berkeley 37, Long Beach 38, and San Diego 47.

The three cities of similar size, all outside of California, which have the highest infant mortality made rates of 129, 129 and 122, respectively.

THE PRE-SCHOOL CHILD.

"The pre-school years are incomparably the period of most rapid and most fundamental growth, whether physical or mental. Biologically, the pre-school period is the most important period in the development of an individual, for the simple but ample reason that it comes first. Psychologically, the pre-school years are basic because the foundations of the structure of personality are then laid. * * * Medically, the pre-school age is of critical consequence because it exceeds all others in mortality and morbidity. It is the strategic sector on which to concentrate the defenses of preventive medicine."—Arnold Gesell.

"It is our duty not only to save life, but to take measures so as to conserve health that life may be enjoyed to the highest possible degree.—Matthias Nicoll, Jr., M.D.

Health Administration in Rural Districts.

Dr. Allen W. Freeman, professor of hygiene and public health in the Johns Hopkins School of Hygiene and Public Health, made an address recently upon the subject of "Health Administration in Rural Districts," before the health officers of New York State assembled in their annual conference. He urged the importance of appointing full-time county health officers. In his opinion the best way to bring this about lies in the adoption of an optional plan which will enable counties, if it may be desired, to receive grants from official and unofficial sources, which will permit the development of the full-time system.

"The question of all questions in regard to the county health officer," said Dr. Freeman, "is how to keep the office out of politics. Once the office becomes a question of political patronage, all hope of permanent constructive work is gone. The comparative success of our colleagues in England in keeping politics out of public health depends on the rigidly specified conditions under which a license or diploma in public health may be procured. If we can devise a licensing system whereby an intending health officer, before appointment, must pass a rigid examination by an impartial authority, we can lessen greatly the pressure of politics. Nine times out of ten when a health officer is displaced for political reasons it is because the appointing authority can not resist the pressure to appoint some one else to the position. If appointment were limited to those properly qualified, this pressure would be much reduced or entirely absent. The traditional civil service requirement does not meet the need because the test is applied by a non-technical agency and the examinations are not sufficiently severe. It has seemed to me that it might be possible for the U. S. Public Health Service, given the necessary authority by Congress, to institute a system of examining and licensing health officers issuing perhaps a national diploma in public health. In this way the qualifications specified by statute might be made to mean something more than they do at present."

Dr. Freeman reported that, taking the United States as a whole, there are now 231 counties in 33 states which have whole-time health officers, and these officials serve 11.6 per cent of the rural populaion of the United States. The number of counties with this type of

Digitized by Google

health administration has doubled since 1920, when it was 109. On the basis of many years experience and observation, Dr. Freeman stated his belief that the whole-time county plan is the real answer to the immediate problem of health supervision of rural districts. "Its service is tangible and valuable, its cost is not excessive and it commends itself to the judgment of those who support it and live under its service."

Even with ideal health administration, however, Dr. Freeman asserted that the complete health service of the future can be rendered only when there is complete integration of the private practice of medicine with the practice of public health. "This must be brought about through an organization of all the various sorts of doctors necessary to keep the individual well, or to restore him to health when he becomes sick in spite of our efforts, on the one hand; and, on the other hand, we must have an organization to maintain the contact between the individual citizen and this medical organization. These functions, it seems to me, represent the true fields of activity of the physician and the health officer of the future."

Dr. Freeman, however, condemned "state medicine" as the term is often understood, namely, "a vast political machine in which all physicians are employed by the state and in which the individual citizen receives his medical service as it is given him, without choice of physcian or of method." The solution according to Dr. Freeman must be found somewhere "between the present haphazard, hit or miss individualistic system with its inadequacy, its inefficiency and its waste on the one hand and the so-called state medicine on the other." It is the task of the health official in Dr. Freeman's belief to find the middle path and the right solution, and certain tendencies already indicate the general direction this solution will take.

"It seems probable that for rural areas at least medical health service of the future will center about the county hospital. Such a hospital, with a whole-time staff on a salary basis, with its attached out clinics will be the chief source of medical service. To it will come all the seriously sick of the county, all maternity cases, all obscure chronic complaints, for diagnosis by every available means and for treatment, the best that can be had. Out from the hospital will go the visiting nurses, covering the whole county, doing what we know as public health nursing as well as ordinary visiting nursing, if there is any distinction between the two. The private practitioners of the county will be mainly concerned with the health supervision of their patients. They will probably be paid on an annual fee basis and will have approximately one thousand patients each. Everyone will be under constant supervision. There will be no need of much of what we ordinarily call health work. It will be the routine, normal activity of the whole medical service. The medical director of the county will be in charge of the whole organization, under a board of trustees. The whole will be supported in part from state and local funds, but largely from the payments of patients. The savings in medical and surgical fees which would result from having a single consulting physician and a single surgeon, kept constantly busy with an even flow of material, instead of having several practicing over a large area and spending most of their time going to and fro as at present, "would be great."

MORBIDITY.*

Diphtheria.

136 cases of diphtheria have been reported as follows: Berkeley 5, Oakland 12, Los Angeles County 8, Los Angeles 43, Fresno 7, San Francisco 27, Hawthorne 1, Pomona 1, Stockton 1, San Joaquin County 2, Montebello 1, Sacramento 2, Long Beach 2, Santa Paula 1, Covina 1, Redlands 2, Glenn County 1, Burbank 1, Ventura County 1, San Bernardino County 1, Sonora 1, Eureka 1, Piedmont 1, Modesto 1, San Mateo 2, Bakersfield 1, Santa Barbara County 2, Fort Bragg 3, Santa Clara County 1, San Bernardino 1, Sunnyvale 1, Redding 1.

Measles.

550 cases of measles have been reported, as follows: Los Angeles County 13, Los Angeles 74, San Luis Obispo County 17, Berkeley 5, Santa Cruz County 6, Tehama County 5, Tuolumne County 7, Eureka 20, Humboldt County 8, Stanislaus County 14, Santa Clara County 10, Oakland 10, Gilroy 15, Palo Alto 9, Pasadena 6, Sacramento 16, Orange County 8, Lodi 7, Stockton 5, Sonoma County 35, Alameda 15, Roseville 5, Modesto 6, Monterey County 9, Venice 6, San Francisco 115, Contra Costa County 4, Benicia 1, Lompoc 5, Vacaville 1, Tuolumne County 2, Redwood City 2, Solano County 2, Piedmont 4, Sacramento County 3, Santa Barbara County 3, Sunnyvale 4, Tracy 2, Colfax 5, Santa Maria 2, Santa Paula 1, Watsonville 4, Colusa 1, San Mateo 2, San Leandro 4, Long Beach 1, San Bernardino County 2, Susanville 1, Fillmore 1, Hollister 1, Fresno 4, Mendocino County 2, Fresno County 2, Colton 1, Yosemite 2, Santa Barbara 1, San Bernardino 2, Napa County 4, Madera 4, Calistoga 4, San Joaquin County 2, Monrovia 1, Pomona 3, Burlingame 1, Modesto

Digitized by Google

4, Huntington Park 2, Burbank 2, Fullerton 1, Santa Monica 2, Visalia 2.

Scarlet Fever.

82 cases of scarlet fever have been reported, as follows: Los Angeles 30, Los Angeles County 2, Oakland 7, Fresno County 7, Chula Vista 1, Sacramento County 1, Modesto 1, Colton 2, Palo Alto 1, Lodi 1, Stockton 3, Newman 1, Pomona 2, Fresno 1, San Bernardino County 2, Sonoma County 2, Fort Bragg 1, Sacramento 1, San Leandro 1, Pasadena 1, Orange County 1, San Rafael 1, San Francisco 4, Riverside 1, Redlands 1, Glenn County 3, San Bernardino 2, Burbank 1.

Whooping Cough.

73 cases of whooping cough have been reported, as follows: Lodi 10, Los Angeles 10 Berkeley 6, Eureka 5, Chula Vista 2, Solano County 2, Piedmont 2, Dinuba 3, Stanislaus County 1, Oakland 1, Fort Bragg 3, Santa Barbara County 1, Humboldt County 2, Sonoma County 3, Fresno 4, Hollister 1, Escondido 1, Huntington Park 1, Colfax 1, Monterey County 1, Pasadena 2, Los Angeles County 1, Benicia 2, Santa Rosa 2, San Francisco 6.

Smallpox.

21 cases of smallpox have been reported, as follows: Pomona 5, Stanislaus County 1, Oakland 1, Modesto 1, Long Beach 1, Los Angeles County 1, Alameda County 1, Chino 1, Santa Barbara 1, San Joaquin County 4, Los Angeles 3, Tulare County 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Colusa 1, Fresno County 1, Los Angeles 2, Pomona 1, Sonoma County 1, Los Angeles County 1, Pasadena 1, Martinez 1, California 1.

Cerebrospinal Meningitis.

Four cases of cerebrospinal meningitis have been repoted, as follows: Fresno 1, Sacramento 1, Orange County 1, Los Angeles 1.

Poliomyelitis.

Two cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Chino 1.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, as follows: Sebastopol 1, National City 1.

Leprosy.

Los Angeles reported one case of leprosy.

*From reports received on July 9th and 10th for week ending July 7th.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending July 7 received by July 10	Week ending			Reports for week ending July 8 received by July 11
	June 16	June 23	June 30		June 17	June 24	July 1	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	4	1	4	4	3	3	2	2
Chickenpox	187	128	84	104	147	133	85	46
Diphtheria	174	132	152	136	140	142	134	88
Dysentery (Bacillary)	5	0	0	0	14	3	4	6
Epidemic Encephalitis	2	6	1	2	2	1	3	4
Gonorrhoea	137	124	82	84	71	79	58	102
Influenza	15	22	18	8	6	3	7	5
Leprosy	1	0	1	1	0	0	1	1
Malaria	2	2	3	1	1	3	1	1
Measles	1139	830	605	550	25	49	20	12
Mumps	25	14	14	6	56	60	18	15
Pneumonia	83	39	46	36	55	56	53	72
Poliomyelitis	2	1	2	2	2	1	5	0
Scarlet Fever	146	134	83	82	90	90	67	40
Smallpox	27	22	12	21	62	26	22	34
Syphilis	156	126	103	51	72	97	68	78
Tuberculosis	158	131	154	136	142	226	135	223
Typhoid Fever	13	16	21	10	26	23	20	17
Whooping Cough	165	80	71	73	115	117	93	100
Totals	2241	1807	1456	1307	1029	1112	796	846

CALIFORNIA STATE PRINTING OFFICE

24245 7-23 5M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 23 JULY 21, 1923 GUY P. JONES EDITOR

Death Comes to Dr. Hermann M. Biggs.

Dr. Hermann M. Biggs, State Health Commissioner of New York, one of the foremost public health administrators, died in New York City on June 28th. The influence of Dr. Biggs, in the determination of public health standards and in the establishment of procedures now in general use throughout the country, is recognized. Dr. Biggs was always a leader in the advance of public health and his death is a loss to all public health workers. He was appointed Commissioner of Health of New York State in 1914 and served in that capacity continuously to the time of his death. From 1901 to 1914 he was general medical officer of the New York City Department of Health. He held many other important posts during his life. It was he who introduced diphtheria antitoxin into this country and he was largely responsible for making bacteriological methods of practical use in the control of communicable diseases.

New Edition of General Health Laws Ready.

A new edition of General Health Laws of California has been received from the State Printing Office and is ready for distribution to all individuals who may desire a copy. There are relatively few changes in the laws as published in the older edition, now exhausted.

Child Hygiene Conference In San Francisco.

The conference on child hygiene conducted by the Bureau of Child Hygiene of the California State Board of Health in San Francisco is in progress at this writing. Miss Marie Phelan, Consulting Public Nurse, of the Children's Bureau, Washington, D.C., is contributing a valuable course for the public health nurses in attendance. She is lecturing each day of the conference and her work is appreciated by her auditors. Among other speakers are Dr. Alfred Baker Spalding of the faculty of Stanford University Medical School, "Prenatal Care"; Miss Marguerite Wales, R.N., of the Stanford University Clinics, "Social Service and Public Health Nursing"; Miss Dorothy Ledyard, R.N., Assistant Director, Nursing Division of the American Red Cross in San Francisco, Dr. Langley Porter, San Francisco, "Infant Feeding"; Dr. E. V. McCollum of Johns Hopkins University, "Nutrition"; Dr. Florence Holsclaw of San Francisco, "Infant Care"; Dr. William Palmer Lucas, Professor of Pediatrics, University of California Medical School, "The Runabout Child"; Mrs. Freda M. Whyte of the Bureau of Child Hygiene, "Midwife Survey of California"; Dr. Richard A. Bolt, Secretary of the American Child Hygiene Association, Washington, D.C., "What the Child Health Association can do for the Public Health Nurse"; Dr. Alvin Powell, Director of the Alameda County Health Center; "Organization of the Community for Prenatal and Infant Welfare"; Miss

Digitized by Google

Anastasia Miller, R.N., Sacramento Red Cross, "Mothers' Educational Centers"; Dr. Adelaide Brown, Member California State Board of Health, San Francisco, "Community Care of Mother and Child."

Organized Campaign Against Tuberculosis Brings Results.

In an address at the annual meeting of the National Tuberculosis Association, held in Santa Barbara on June 20th, Dr. Louis I. Dublin of New York City gave credit, in a large measure, to official and non-official agencies, for the lowering of the tuberculosis death rate. He said:

"The decline in the tuberculosis death rate of the last two decades is in large measure to be credited to the organized campaign against tuberculosis which has been carried on by the official and non-official agencies during this period. Not all, but a large part, of the credit for the declining tuberculosis death rate can be assigned to the anti-tuberculosis movement. No one knows all the facts on the causes of the reduced prevalence of the disease. It would be unreasonable to deny that there are persons so constituted that even under favorable living and hygienic conditions they may become seriously sick with tuberculosis and would not respond to any treatment now known to the medical profession, but such a group composes probably a very small part of the whole population. What the anti-tuberculosis movement is attempting to do is to modify the living and working habits of the great mass of persons of average endowments by inheritance; persons who unknowingly or otherwise misuse their bodily economy, and thus needlessly terminate their life span.

"With the continued rise in the level of general intelligence and economic well-being, the amount of control over tuberculosis will be increased. What may happen in the future is indicated by the phenomenal drop in the tuberculosis death rate during very recent years, when the standard of living among wage earners rose sharply. Better homes, higher wages, more time for rest and recreation, and intelligence to utilize to the full these helps to better health, have reduced the tuberculosis death rate of the wage-working population after the war. The anti-tuberculosis campaign itself is an index of the higher intelligence and the social conscience which characterizes an advanced civilization."

Public Health Nurses Institute Opens Monday.

The second institute for public health nurses conducted by the Summer Session of the University of California in cooperation with the California State Board of Health will open in Los Angeles on Monday, July 23, at the southern branch of the University on Vermont Avenue. A large number of nurses have registered for attendance at the institute and many who have not yet made formal application for admission are expected to attend. Certificates of attendance will be given, however, only to those who file application for admission with the State Board of Health, Sacramento.

The program varies from that of last year's institute in that no field work is included this year. The sessions will use but half of the day, leaving the rest of the day free for visiting clinics, health departments, hospitals, health centers and other institutions in Los Angeles and vicinity, if desired.

Miss Marie Phelan, Consulting Public Health Nurse of the Children's Bureau, Washington, D. C., will contribute important lectures at the institute. Child Hygiene and communicable disease control, tuberculosis, nursing and other subjects will be given consideration and an opportunity for question and discussion will be provided.

The complete program follows:

PROGRAM

PUBLIC HEALTH NURSES INSTITUTE
JULY 23—AUGUST 3, 1923
LOS ANGELES, CAL.

JULY 23

1 P. M. History of Child Hygiene Movement and Sheppard-Towner Act.
DR. ELLEN STADTMULLER,
Director Bureau Child Hygiene, California State Board of Health, San Francisco.

2 P. M. Prenatal Care.
MISS MARIE PHELAN,
Consulting Public Health Nurse, Children's Bureau, Washington, D. C.

3 P. M. Measles and Whooping Cough.
DR. G. J. TELFER,
District Health Officer, California State Board of Health, Los Angeles.

JULY 24

1 P. M. Prenatal Care. Hygiene and Complications of Pregnancy.
MISS MARIE PHELAN,
Consulting Public Health Nurse, Children's Bureau, Washington, D. C.

2 P. M. Health Education.
DR. H. F. TRUE,
Director Health Work, City Schools, Los Angeles.

Digitized by Google

3 P. M. Skin Infections.
Dr. Samuel Ayers,
Los Angeles, California.

JULY 25

1 P. M. Preparation for Confinement.
Miss Marie Phelan,
Consulting Public Health Nurse,
Children's Bureau, Washington, D. C.

2 P. M. Health Play.
Mr. C. B. Raitt,
Superintendent of Playground Department,
Los Angeles.

3 P. M. Schick Test.
Dr. L. M. Powers,
City Health Officer,
Los Angeles.

JULY 26

1 P. M. Prenatal Clinics, Classes, Visits.
Miss Marie Phelan,
Consulting Public Health Nurse,
Children's Bureau, Washington, D. C.

2 P. M. Infant Care.
Miss Marie Phelan,
Consulting Public Health Nurse,
Children's Bureau, Washington, D. C.

3 P. M. Tuberculosis as a Disease.
Dr. F. M. Pottenger,
Specialist in Tuberculosis, Monrovia.

JULY 27

1 P. M. Prenatal and Infant Care as a Part of a County Health Program.
Miss Marie Phelan,
Consulting Public Health Nurse,
Children's Bureau, Washington, D. C.

2 P. M. Failures in Public Health Nursing.
Miss Edith S. Bryan,
Assistant Professor Public Health Nursing,
University of California, Berkeley.

3 P. M. Tuberculosis.
Mrs. E. L. M. Tate-Thompson,
Director, State Tuberculosis Association,
Fresno.

JULY 30

1 P. M. Little Mothers Leagues. Outline of Little Mothers Classes.
Mrs. Nina G. Carson, R. N.,
Public Health Nurse, Bureau of Child Hygiene,
California State Board of Health, Los Angeles.

2 P. M. Public Health Nursing, A Success.
Miss Simpson
Superintendent of County Public Health Nursing, Los Angeles.

3 P. M. Tracoma and Pink Eye.
Dr. H. F. True,
Director Health Work, City Schools,
Los Angeles.

JULY 31

1 P. M. Responsibility of Public Health Nurses in Survey of Midwives in California.
Mrs. F. M. Whyte, R. N.,
Public Health Nurse, Bureau Child Hygiene,
San Francisco.

2 P. M. Little Mothers League—Relation of Public Health Nurse and Teacher in Presenting This Course.
Mrs. Nina G. Carson,
Bureau of Child Hygiene, Los Angeles.

3 P. M. Venereal Disease.
Dr. H. F. True,
Director Health Work, City Schools,
Los Angeles.

AUGUST 1

1 P. M. Nutrition.
Miss Beatrice H. Woodward,
Field Supervisor, State Tuberculosis Association.

2 P. M. Essentials of a Course in Public Health Nursing.
Miss Edith S. Bryan,
Assistant Professor Public Health Nursing,
University of California, Berkeley.

3 P. M. Diphtheria and Scarlet Fever.
Dr. A. J. Scott, Jr.,
Member California State Board of Health,
Los Angeles.

AUGUST 2

1 P. M. Nutrition.
Miss Beatrice H. Woodward,
Field Supervisor, State Tuberculosis Association.

2 P. M. Open Session.
Dr. J. L. Pomeroy,
County Health Officer, Los Angeles.

3 P. M. Questions.
Dr. J. L. Pomeroy,
County Health Officer, Los Angeles, and
Miss Edith S. Bryan,
Assistant Professor Public Health Nursing,
University of California, Berkeley.

AUGUST 3

1 P. M. Nutrition.
Miss Beatrice H. Woodward,
Field Supervisor, State Tuberculosis Association.

2 P. M. Smallpox.
Dr. G. J. Telfer,
District Health Officer, California State
Board of Health, Los Angeles.

3 P. M. Rabies.
Dr. J. L. Pomeroy,
County Health Officer, Los Angeles.

We hear much of the melting pot and Americanization, but how many of our citizens realize that good minds and sound bodies can come only from those with these qualifications? Since all who come to our shores are permanently added to our American stock, we at least must be wise enough to see that we are protected against the diseased, the feeble-minded and the criminal. We need to keep out the diseased as well as the diseases. Great possibilities are before us. When we can keep the spirochets of syphilis out of the body of every new-born babe, we shall have added enough to human life and happiness to heal the wounds of the Great War. Ray Lyman Wilbur, M.D., President, Stanford University.

Digitized by Google

MORBIDITY.*

Diphtheria.

62 cases of diphtheria have been reported, as follows: Los Angeles County 10, San Francisco 14, Oakland 6, Chulu Vista 1, Fresno County 1, Sacramento County 4, Alameda County 3, Santa Monica 1, San Benito County 1, Berkeley 2, Redlands 1, Riverside 1, Long Beach 4, Sacramento 1, San Fernando 1, Monrovia 1, Loyalton 3, San Joaquin County 1, Stockton 1, Glendale 4, San Diego 1.

Measles.

307 cases of measles have been reported, as follows: San Francisco 101, Oakland 18, Santa Clara County 11, Lompoc 9, Gilroy 11, Contra Costa County 9, San Luis Obispo County 10, Palo Alto 6, Sacramento 9, Alameda 13, Los Angeles County 5, Monterey County 9, Berkeley 10, Alhambra 7,* Santa Maria 5, San Jose 8, San Diego 11, Susanville 1, Alameda County 4, San Luis Obispo 2, Colfax 1, Banning 2, Healdsburg 3, Colusa 2, Huntington Park 4, Fresno County 1, Vacaville 2, San Bernardino County 1, Santa Cruz County 3, Turlock 3, Salinas 1, Riverside 1, Long Beach 2, Tehama County 1, Benicia 3, Sacramento County 1, Napa 1, San Gabriel 1, El Segundo 1, El Monte 2, Covina 1, San Joaquin County 3, Tracy 3, Lodi 1, Glendale 2, Butte County 2.

Scarlet Fever.

42 cases of scarlet fever have been reported, as follows: San Francisco 10, San Diego 3, National City 1, Orange County 2, Pasadena 1, Los Angeles County 3, Fresno County 2, Oakland 3, Santa Clara County 3, Colusa County 1, Huntington Park 1, Fullerton 1, Lassen County 2, Tulare County 1, Alhambra 1, Pomona 1, San Gabriel 1, Tuolumne County 1, Santa Ana 1, Torrance 1, San Jose 2.

Whooping Cough.

44 cases of whooping cough have been reported, as follows: San Diego 7, San Francisco 7, Alhambra 5, Oakland 7, Gilroy 1, Berkeley 2, Long Beach 1, Pasadena 2, Alameda 1, Los Angeles County 4, El Segundo 1, San Jose 2, Roseville 3, Tulare County 1.

Smallpox.

18 cases of smallpox have been reported, as follows: Chino 11, Alameda County 2, Turlock 1, Los Angeles County 3, Alhambra 1.

Typhoid Fever.

Seven cases of Typhoid fever have been reported, as follows: Alhambra 1, Monrovia 1, Imperial County 1, San Joaquin County 1, San Francisco 1, Sonoma County 1, California 1.

Cerebrospinal Meningitis.

Two cases of epidemic cerebrospinal meningitis have been reported, as follows: San Francisco 1, Visalia 1.

Epidemic Encephalitis.

San Diego reported one case of epidemic encephalitis.

*From reports received on July 16th and 17th for week ending July 14.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending July 14 received by July 17	Week ending			Reports for week ending July 15 received by July 18
	June 23	June 30	July 7		June 24	July 1	July 8	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	4	4	2	3	2	2	0
Chickenpox	128	84	105	60	133	85	56	26
Diphtheria	132	152	147	62	142	134	99	84
Dysentery (Bacillary)	0	0	0	0	3	4	6	0
Epidemic Encephalitis	6	1	3	1	1	3	4	1
Gonorrhoea	124	82	101	45	79	58	106	44
Influenza	22	18	8	6	3	7	5	9
Leprosy	0	1	1	0	0	1	1	0
Malaria	2	3	2	7	3	1	2	1
Measles	830	605	607	307	49	20	13	14
Mumps	14	14	6	9	60	18	19	10
Pneumonia	39	46	41	15	56	53	85	21
Poliomyelitis	1	2	2	0	1	5	0	1
Scarlet Fever	134	83	95	42	90	67	43	31
Smallpox	22	12	24	18	26	22	38	17
Syphilis	126	103	55	31	97	68	80	36
Tuberculosis	131	154	142	76	226	135	234	75
Typhoid Fever	16	21	10	7	23	20	30	26
Whooping Cough	80	70	84	44	117	93	120	39
Totals	1807	1455	1437	732	1112	796	943	435

CALIFORNIA STATE PRINTING OFFICE

27543 7-23 4500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 24 JULY 28, 1923 GUY P. JONES EDITOR

No Community Pollution of Streams is Hope for Future.

Surgeon General Hugh S. Cummings of the United States Public Health Service, is reported to have said recently that the day may come in American city planning when no sewage or other pollution of streams will be permitted. He says that stream pollution is a civic crime but one that is necessary now in certain instances because of prevailing conditions. He says:

> We have gone through the surface closet stage and we shall no doubt get beyond the stage which legalizes and approves emptying the waste of our cities into streams. There are other legitimate uses of streams which are in sharp conflict with the pollution habit. Bathing in rivers and creeks, boating, water sports, hydroplaning and fishing must be taken into consideration. * * *
>
> The sewage question is one of the most vital with which the modern city has to deal. It is the first that city planners consider, and I am glad that we have made substantial progress toward solving it. There are many evidences that in the future it will be entirely solved. Mill neighborhoods housing thousands of people now destroy sewage with chemicals instead of pouring it into streams. This idea is extending to all communities.

It is announced, further, that the United States Public Health Service is now working on the most exhaustive treatment of stream pollution that it has ever undertaken. The results of this work will be printed early in the fall.

In California, considerable progress has been made in the treatment of sewage affluent and while it is true that some cities are permitted to dispose of raw sewage into streams, such practice is not permitted if any other adequate method is available. Advance in sewage disposal methods as well as in garbage disposal is urgently needed. Sanitary engineers throughout the world are endeavoring to solve the magnitudinous problems connected with the proper disposal of all community wastes. The Surgeon General sees hope for the solution of the vexing conditions that lead to the community pollution of streams. His attitude would indicate that it may not be long before community sewage disposal can be effected without polluting any stream.

Our laws, fortunately, prohibit the promiscuous pollution of waterways, which type of pollution is exceedingly dangerous to the provision of pure water supplies. If it were as simple to properly dispose of sewage as it is to provide pure water, most of our sanitary engineering obstacles would be removed. Chlorination in the treatment of water supplies is one of the greatest boons to community health that has ever been devised. In some cases, the same treatment is applicable to the effluent from municipal septic tanks and the California State Board of Health is urging such treatment wherever it may be practicable. California sanitary engineers are making use of every available device in the solution of these problems and every advance in improved methods of disposal that may be made will be taken advantage of in this state without delay.

Digitized by Google

Organized Public Health Growing in Rural Districts.

In his paper on "The Place of Medicine in Public Health," presented before the American Medical Association in San Francisco, Dr. Walter M. Dickie, Secretary of the California State Board of Health, made reference to the destruction of the isolation of the rural community and its effect in advancing the public health of the rural districts. He said:

Rural life in America has completely changed during the past decade. The urbanization of the rural districts of America is taking place so rapidly that it would seem doubtful if we are fully aware of its significance. The former isolation of the rural communities is disintegrating so rapidly that the United States, even now, is fast becoming one big city. Improved transportation is perhaps the greatest factor in bringing about the change. Improved means of communication, of which the radio is the newest, have also helped. Travel, with its educational advantages and the rapid spread of ideas, is reorganizing completely the old-time rural mode of living. As a result, there is a continued advance in the economic and social viewpoint of rural residents. The path of this advance is indicated in the development of rural union schools, co-operative marketing organizations, the farm bureau movement, university extension and library service. It is shown in the expressed desire of rural residents to possess all the attributes for better living, which through their former isolation have been denied to them.

Aids Rural Districts.

Rural districts, until the past few years, have almost without exception, lacked machinery for safeguarding public health. At the present time, however, there is a tremendous impetus to the establishment of full-time health departments in rural communities. Stimulated by the activities of the International Health Board, these newly formed public health units are extending health education in the rural districts as well as safeguarding the health of rural residents. In fact, the demand for full-time county health departments is so great in many states that it is impossible to find trained public health men to administer such units. Rural America is waking up to the strides that urban America has made in keeping urban residents in good health, and when rural America once advances, it advances permanently, solidly and resolutely.

While Dr. Dickie was speaking from a nation-wide viewpoint, his remarks are specially true of California. The rural communities of Los Angeles, Orange, San Joaquin, San Luis Obispo and Monterey counties are definitely organized for the promotion of their public health with a full-time health officer in charge of each unit. In most of these counties, such units include the entire county, both urban and rural territory. Many other counties in this state are providing adequate part-time service to their rural districts. The full-time plan, however, is productive of much greater results.

Each year, in California the line of demarcation between rural and urban life becomes less easily distinguishable. It would seem that the time is not far distant when the most remote section of the state will be provided with as highly organized public health service as the most thickly congested municipalities.

Cauterize Dog Bite Wounds With Fuming Nitric Acid.

It is essential that wounds from dog bites be cauterized immediately with fuming nitric acid. Carbolic acid or other phenol derivatives should, in no cases, be used. Fuming, concentrated nitric acid is the only agent that, if quickly and properly administered, is known to be effective in the destruction of the causative organisms of rabies when present in wounds. This does not mean that the use of nitric acid cauterization obviates the necessity of administering the Pasteur treatment if the biting animal is known to be rabid or is suspected of being rabid. Cauterization by this method should never be neglected, as it may constitute a distinct factor in preventing the development of rabies in the person bitten. Local health officers are urged to make this method of wound cauterization a matter of common knowledge in their respective communities.

"God lent his creatures light and air,
And waters open to the skies;
Man locks him in a stifling lair,
And wonders why his brother dies."
—Oliver Wendell Holmes, M.D.

Without the "betterment of public health" no lasting progress can be made, since, as living beings subject to the great biologic laws, our actual existence can be secured only through the understanding and control of the factors that hamper or favor human welfare. Ray Lyman Wilbur, M.D., President, Stanford University.

Our growing youth need instruction in health matters. They need not only to know life for their own protection, but to protect the lives that will be dependent on them as they grow to maturity. Our greatest service to the human race can be done only when we help to make possible a marked increase in positive health. Already our efforts are crowned with a marked prolongation of life, particularly through the economic productive period. We can free human beings from many of the things that bring them down before the race is run. As a race, our success is dependent on the strong and the reproduction of the strong. In the control of the human germ plasm lies man's future. In this great field we have not as yet even reached the amateur stage. Ray Lyman Wilbur, M.D., President, Stanford University.

Digitized by Google

State Board of Health Abates Pasadena Sewer Farm Nuisance.

The State Board of Health and the health officer of Los Angeles County secured an order from the superior court of that county, July 18th, for the abatement of a sewage disposal nuisance at the Pasadena city sewer farm. The action followed the refusal of the city of Pasadena to carry out the orders of the State Board of Health, issued last February, which specified that the city's sewage must be restrained upon the sewer farm until such time as an activated sludge plant, now under construction, is placed in operation. The outflow sewage has, for sometime, been permitted to flow down to San Pasqual Wash through San Gabriel and Wilmar. The court order gives specific instruction for the disposal of the sewage by means of portable surface distributing flume, the use of additional irrigators and other equipment. The new activated sludge plant will, it is planned, be ready for use in November. Meanwhile, the city of Pasadena is obliged to eliminate all nuisances connected with the temporary disposal of its sewage.

"Substitute Health and happiness for wealth as a world ideal; and translate that new ideal into action by education from babyhood up."—Galsworthy.

"The anti-tuberculosis campaign itself is an index of the higher intelligence and the social conscience which characterize an advanced civilization."—Dr. Louis I. Dublin.

The Annual Conference of Health Officers in conjunction with the Convention of the League of California Municipalities will be held in Coronado, September 10-14.

"Milk is the most satisfactory single article of food which is suitable for consumption by man. It is not an ideal food when taken over a long period as the sole source of nutriment, but is the best one which nature has provided us. It is the one food for which there is no effective substitute.—Dr. E. V. McCollum.

"In the past public health work has been, broadly speaking principally concerned with those things which could be done in the manner of handling communities in the mass, or things that could be done for the average citizen without the citizen himself being obliged to display any particular effort or initiative. The public health work of the future will deal increasingly with principles and practices of personal hygiene, for the successful consummation of which the average citizen must do a considerable part of the work himself in cooperation with the health administrator."—Eugene R. Kelly, M.D., State Commissioner of Health for Massachusetts.

"What lengthens life reduces the death rate."—Dr. Louis I. Dublin.

Dr. Matthias Nicoll Jr., who has been Deputy Commissioner of Health for New York State has been appointed Commissioner of Health to succeed the late Dr. Hermann M. Biggs.

The total eclipse of the sun, visible in the United States only in the vicinity of San Diego and at Catalina will provide an unusual spectacle at the Health Officers' Conference at Coronado, September 10th.

The most important single item in a life table is the figure for mortality in the first year of life. Fifteen per cent of all the deaths that occur each year are of children within the first year of age. Infant mortality cuts heavily into the expectation of life. The death of an infant erases the entire expectation for than life, whereas a death at the advanced years, say beyond sixty, removes only comparatively few years of expectation. The reduction of infant mortality is, therefore, one of the most important elements in a program of public health administration.—Wisconsin State Board of Health Bulletin.

Competent authorities have estimated that, through the detection and treatment of albuminuria and of syphilis in pregnant women, fully one-half of the mortality of infants under one month of age could be saved. The extension of good obstetrical service to the great body of American women also holds out high promise for a real achievement in the prevention of early infant mortality. The aim of the public health movement should be to have an infant mortality rate which is practically irreducible, and that condition has not been attained anywhere.—Wisconsin State Board of Health Bulletin.

MORBIDITY.*

Diphtheria.

111 cases of diphtheria have been reported, as follows: Los Angeles 41, Los Angeles County 15, Glendale 7, San Francisco 18, Sacramento County 1, Berkeley 2, Stanislaus County 2, Fresno 3, Bakersfield 1, Santa Clara County 1, Daly City 1, Alameda County 1, Santa Cruz 1, Tulare County 1, Mountain View 1, Alameda 1, Calaveras County 1, El Monte 1, Hawthorne 1, San Joaquin County 2, Sacramento 2, Long Beach 1, Exeter 1, Oakland 3, Richmond 2.

Measles.

302 cases of measles have been reported, as follows: Los Angeles 57, Palo Alto 6, Stanislaus County 5, Oakland 5, Santa Clara County 8, Alameda 8, Sacramento 6, Sonoma County 28, San Joapuin County 6, Beaumont 7, Los Angeles County 15, San Francisco 72, Piedmont 2, Tehama County 1, Mendocino County 3, Alameda County 1, Contra Costa County 3, Orland 3, Alturas 2, Redlands 1, Fullerton 1, Lompoc 1, Gilroy 2, San Bernardino 4, Madera County 1, Napa 4, Fresno 4, Colton 1, Santa Paula 1, San Diego County 1, Ventura 1, Berkeley 1, Vacaville 3, Oceanside 2, San Leandro 4, Glendale 1, Humboldt County 2, Orange 1, Santa Monica 1, Lodi 3, Alhambra 4, El Segundo 3, Los Gatos 1, Tuolumne County 2, Calistoga 5, Claremont 1, Dixon 1, Modesto 3, Amador County 1, Clovis 1, Sacramento County 2.

Digitized by Google

Scarlet Fever.

78 cases of scarlet fever have been reported, as follows: Los Angeles 23, Kings County 6, San Francisco 7, El Dorado County 5, San Luis Obispo County 1, Modesto 1, Merced County 2, Pasadena 2, San Leandro 1, Fresno 4, Sonoma County 2, Los Angeles 2, Tehama County 1, Torrance 2, Oceanside 1, Alameda County 2, Colusa 1, Orange County 1, Newman 1, Pomona 1, San Bernardino 1, Orland 1, Sacramento 1, Long Beach 1, San Diego County 1, Humboldt County 2, Santa Clara County 2, Mendocino County 1, Fresno County 1, Oakland 1.

Whooping Cough.

65 cases of whooping cough have been reported, as follows: Los Angeles 12, Fresno 11, Lodi 9, Watsonville 3, Merced County 1, Pasadena 3, Berkeley 3, Santa Clara County 1, Santa Rosa 1, Chino 3, Oakland 1, Colton 1, Pomona 2, Alameda 2, Orange County 2, San Francisco 4, Stockton 1, Glendale 4, Long Beach 1.

Smallpox.

40 cases of smallpox have been reported, as follows: Los Angeles 13, Redondo Beach 7, San Bernardino County 9, San Francisco 1, Santa Paula 1, Long Beach 1, Stockton 1, Chino 1, Alameda County 2, Los Angeles County 4.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Lodi 1, Oakland 1, Imperial County 1, San Joaquin County 3, Fresno 1, Redondo Beach 1, Los Angeles 1, Los Angeles County 3, Calexico 1.

Cerebrospinal Meningitis.

4 cases of cerebrospinal meningitis have been reported, as follows: San Bernardino 1, Long Beach 1, San Francisco 1, Los Angeles 1.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Redlands 1, Santa Monica 1, Los Angeles 2.

Epidemic Encephalitis.

Susanville reported one case of epidemic encephalitis.

Typhus Fever.

Los Angeles reported one case of typhus fever.

*From reports received on July 23 and 24 for week ending July 21.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending July 21 received by July 24	Week ending			Reports for week ending July 22 received by July 25
	June 30	July 7	July 14		July 1	July 8	July 15	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	4	4	3	4	2	2	0	2
Chickenpox	84	105	112	45	85	56	50	30
Diphtheria	152	147	111	111	134	99	111	85
Dysentery (Bacillary)	0	0	0	1	4	6	0	1
Epidemic Encephalitis	1	3	2	1	3	4	1	2
Gonorrhoea	82	101	149	89	58	106	87	77
Influenza	18	8	10	8	7	5	12	6
Leprosy	1	1	0	0	1	1	1	1
Malaria	3	2	7	2	1	2	7	4
Measles	605	607	424	302	20	13	15	18
Mumps	14	6	10	9	18	19	29	6
Pneumonia	46	41	23	22	53	85	52	20
Poliomyelitis	2	2	0	4	5	0	2	1
Scarlet Fever	83	95	66	78	67	43	44	31
Smallpox	12	24	36	40	22	38	26	14
Syphilis	103	55	113	126	68	80	109	86
Tuberculosis	154	142	165	127	135	234	160	97
Typhoid Fever	21	9	15	13	20	30	35	24
Typhus Fever	0	0	0	1	0	0	1	0
Whooping Cough	70	84	72	65	93	120	87	56
Totals	1455	1436	1318	1048	796	943	829	561

CALIFORNIA STATE PRINTING OFFICE

27543 7-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 25 AUGUST 4, 1923 GUY P. JONES EDITOR

Pasadena Requires Food Handlers' Examinations.

For the past three years the City of Pasadena has required, by local ordinance, the physical examination of all food handlers employed in that city. This includes all persons employed in groceries, restaurants, bakeries and all establishments in which food is prepared or sold. The examination is required at least once a year and permits are issued to all those who give no evidence of suffering from any of the communicable diseases. Since the first of July, which marks the beginning of the examination period, large numbers of food handlers have applied to Dr. Frank W. Hodgdon, Jr., city health officer, for examination. No less than 1100 such persons were examined by the local health department last year, the largest number of record since the ordinance became effective in 1919.

Now is Time to Safeguard Babies.

August always brings the greatest number of deaths of infants from intestinal disturbances. Most of such deaths are due to the use of milk that has not been kept properly. The heat of summer causes milk to spoil quickly, necessitating the use of ice in keeping it cool. Many families cannot afford to purchase ice and in some remote places it is not available. Fortunately, in the isolated rural districts, the milk supply is generally so conveniently located that little time is lost in the delivery of milk directly from cow to consumer. It is among the poor of our larger cities that the hardship resulting from inability to keep milk fresh, takes its heaviest toll. Welfare organizations in many cities have worked hard in remedying such conditions. The methods used have varied from the establishment of milk stations, conveniently located in congested districts, where milk is kept cold and sold at a low price, to the free distribution of ice among the poor.

Dr. Chas. J. Hastings, health officer of Toronto, in cooperation with local ice companies has succeeded in the establishment of "cash and carry" ice depots, scattered throughout the city. Ice is sold from these places at a saving of more than one-third of the cost of ice delivered to the consumer. Aside from the advantages in keeping milk safe for babies, it plays an important part in the preservation of many foods. Of this Dr. Hastings says, "It is questionable if in the majority of cases, the money used for this purpose is not an investment from which we get large returns in the saving of food and in enabling us to purchase food in larger quantities."

Digitized by Google

Typhoid Carrier Fined.

The New Jersey State Department of Health recently brought suit against a typhoid carrier accused of violating a regulation of the state sanitary code which provides that "no person affected with any communicable disease which may be transmitted through food, or who is a carrier of a causative agent of such disease, shall handle food products intended for sale or distribution, which are likely to be consumed raw or liable to convey infective material." The court decision was favorable to the state and the defendant was fined one hundred dollars and costs. This carrier first came to the attention of the state health department in 1921, during an investigation into an outbreak of typhoid fever at a summer home for children. He was employed at the home as a dairyman and was found to be responsible for the infection, which was distributed through milk. Seventy known cases and two deaths were included in this outbreak. After his status as a carrier had been definitely established he was notified that it would thereafter be unlawful for him to handle food intended for sale or distribution. Shortly afterward, he left the state.

In October, 1922, the state health department was notified of the occurrence of many cases of typhoid among consumers of milk from a dairy near Newark. An investigation by the state revealed the fact that this same carrier, under an assumed name, was employed as a milker on the suspected dairy. Thirty-five known cases with three deaths occurred in this outbreak. Upon his discharge from employment the carrier went to Newark, where he was apprehended and the action already referred to was brought against him. He has since left New Jersey and is said to be employed as a laborer while under the surveillance of a local health department.

Twenty-five typhoid carriers have been discovered in California during the past ten years. Some of them have left the state, but most of them are still under the surveillance of local health departments or of the California State Board of Health. Only one of these carriers, through violation of the regulations, has been responsible for the occurrence of other cases of the disease.

Methods, Spirit and Scope of Modern Medicine.

Medical science, in common with other sciences, relies upon observation, comparison and experiment, or upon a combination of these methods. The anatomist by observation and comparison, that is, by dissection of human and animal bodies and by examination of the living, maps and describes the intricate structure of organic forms and studies the laws of growth and development. The physiologist by physical means, by chemical analysis, by observation of men and by experiment upon animals gains insight into the nature of vital processes. The bacteriologist by observing through the microscope the minute plants and organisms which live in blood and tissues, by introducing them into animals under varying conditions, and by comparing results discovers definite and verifiable facts about the causes of health and disease. The pathologist studies by miscroscopic methods, by examination of morbid growths, by experimentation upon animals, the nature and effects of organic diseases. The results which each man secures and the methods he employs are made public and are then tested by other investigators. Mere personal opinion and unverified assertion have no place in modern scientific medicine.

Upon the physician falls the task of discovering the cause or causes of disease in individual patients and of helping them to regain a state of normality or health. This is often a much more complicated and difficult thing than the duty laid upon the laboratory scientist. The bedside practitioner must apply knowledge supplied by anatomy, physiology, pharmacology, biochemistry, pathology, bacteriology, to which he must add his own personal experience, data derived from records of many cases, and the summarized observations and conclusions of other clinicians. Medicine in this sense is obviously an art based upon science rather than an exact science in itself. When the doctor has at his disposal in a given case all the data that modern methods can furnish, temperatures, blood pressures, blood counts, chemical and bacteriological tests, X-ray plates, reports of similar cases, his own recorded or remembered experience, the testimony of his own trained senses, he must interpret all these facts by a careful process of

Digitized by Google

logical reasoning and organize them into either a final judgment or into a tentative hypothesis, which is subject to further tests by later developments. This calls for careful preparation, the scientific attitude, sincerity and constant hospitality to new knowledge and improved methods.

The spirit of modern medicine is, then, scientific; it seeks to be open-minded toward new truth, provided this can be rationally related to the great body of firmly established and organized knowledge about nature, life and mind, about which all scientific men agree. Scientific medicine can not accept ideas which are merely mystical or simply unknown and unverifiable physical or chemical properties, or invoke supernatural intervention, or are in other ways clearly fantastic or beyond the reach of any available demonstration or experiment. So also modern medicine refuses to be labeled with the name of any school or cult. It is committed to no "pathy"; it knows no panacea; it is prejudiced only in favor of conclusions drawn by soundly reasoned processes from exact and verified facts. It recognizes the intricacy of its problems; it realizes that only a beginning has been made; it does not hesitate to admit ignorance or to suspend judgment. Its constant aim is the discovery of truth and its application to human need. These ideas, it must be admitted, are the conscious principles of a relatively small number of the medical men of the world. But the modern scientific spirit is permeating the great body of practitioners who have in the past too much relied upon dogmatic diagnosis, rule-of-thumb, "shot-gun" prescriptions and a cheerful bedside manner. The personality and attitude of the physician toward his patients ought to be important sources of power and success, but they should supplement rather than take the place of the scientific method and spirit.

The scope of modern medicine is as wide as the range of influences, physical, biological, mental and social, which affect health. It has been asserted with some reason that in its preoccupation with the diseases of the body, scientific medicine has too much neglected the psychic and social factors. The rapid spread of cults which invoke various forms of mental suggestion, is probably due in some measure to the failure of modern medicine to include in its scope the relations of physical and mental states, to study these in a scientific spirit and to utilize the healing powers of rationally controlled suggestion. Recent progress in psychiatry, the war-time experience with disorders of the mind, the rise of mental hygiene, and the increased attention being given to these subjects in medical schools and at professional meetings are evidences that the mental aspect of disease is being recognized more fully. So too with the social factor. Health nurses or special visitors of a few leading hospitals now visit the homes of dispensary callers and hospital patients and make reports to the medical staff about housing, family relations and economic status—factors which often have a vital bearing upon the condition of the patient. Thus modern medicine is coming to appreciate that its problem is not merely the body of the sick man, but the larger whole which includes his mental states and his physical and social environment. Perhaps the most important and significant extension of the scope of modern medicine is into the field of prevention by providing immunity through vaccination against many communicable maladies, by cooperating largely with public health authorities, by insisting on frequent examinations to detect incipient defects and diseases, and, most of all, by urging conformity to the laws of personal hygiene and the seeking of positive, vigorous, abounding health.—George E. Vincent, President, International Health Board, Rockefeller Foundation.

Smallpox Epidemic in Anti-Vaccinationist's City.

Gloucester, England, the home of Dr. Hadwen, active anti-vaccinationist and anti-vivisectionist, who has visited California militantly upon several occasions, is now suffering an epidemic of smallpox, with 161 cases of the disease in the hospital. Dr. Hadwen is said to maintain that the outbreak is of varicella, in spite of the fact that the British ministry of health has investigated and pronounced it smallpox. Meanwhile Dr. Hadwen describes his home city as "The City of Dreadful Lies," because smallpox is said to be epidemic there. The situation was complicated early in the course of the outbreak be-

Digitized by Google

cause of the fact that about 10 per cent of the original cases were of varicella and the smallpox, at first, was of a mild type. So far, there have been no deaths reported. It is said that large numbers of residents of Gloucester have never been vaccinated and that only 10 per cent of the children of the community have been vaccinated within three years. Outbreaks of smallpox are occuring also among the unvaccinated in other places in England and Wales.

MORBIDITY.*

Diphtheria—113 cases.

Oakland 8, Martinez 1, Fresno County 2, Mendocino County 3, Salinas 1, Los Angeles County 7, El Segundo 1, Long Beach 5, Los Angeles 54, South Pasadena 1, Ontario 1, San Francisco 19, Stockton 1, Daly City 1, Santa Clara County 3, Sonoma County 1, Stanislaus County 1, Tuolomne County 1, Ventura County 1, Santa Paula 1.

Measles—187 cases.

Alameda 7, Berkeley 3, Oakland 7, Richmond 1, Walnut Creek 1, Fresno County 1, Humboldt County 7, Eureka 4, Inyo County 2. Bakersfield 1, Kings County 3, Los Angeles County 9, Huntington Park 2, Los Angeles 40, Santa Monica 4, Sierra Madre 1, Mendocino County 1, Monterey County 1, Pacific Grove 1, Napa County 1, Calistoga 5. Orange County 1, Sacramento 6, San Bernardino 2, San Francisco 49, San Luis Obispo County 4, Santa Barbara County 3, Santa Clara County 3, Palo Alto 4, Stanislaus County 6, Sutter County 6, Yuba County 1.

Scarlet Fever—56 cases.

Oakland 6, Piedmont 1, Colusa 2, Fresno County 4, Eureka 1, Los Angeles County 2, Long Beach 1, Los Angeles 12, Pomona 1, Whittier 2, Fullerton 2, Riverside 2, San Bernardino County 1, San Bernardino 2, San Francisco 9, Redwood City 1, Santa Clara County 1, Vallejo 2, Tehema County 4.

Smallpox—25 cases.

Los Angeles County 9, Alhambra 2, Los Angeles 9, Pomona 5.

Typhoid Fever—17 cases.

El Dorado County 1, Upper Lake 1, Los Angeles County 2, Hermosa Beach 1, Long Beach 1, Los Angeles 3, Redondo Beach 1, Madera 2, Sacramento County 1, San Francisco 2, Solano County 1, California 1.

Whooping Cough—70 cases.

Alameda 0, Berkeley 3, Oakland 9. Humboldt County 6, Eureka 3, Imperial County 4, Los Angeles County 1, Los Angeles 14, Monterey Park 1, Orange County 2, Sacramento 1, San Benito County 1, Chino 1, San Francisco 8, Lodi 8, San Luis Obispo County 2, San Mateo County 1, Santa Clara County 2, Watsonville 1, Sonoma County 2.

Epidemic Encephalitis—4 cases.

Los Angeles County 1, San Benito County 1, San Francisco 1, Merced 1.

Typhus Fever—1 case from San Fernando.

*From reports received on July 30 and 31 for week ending July 28, 1923.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending July 28 received by July 31	Week ending			Reports for week ending July 29 received by Aug. 1
	July 7	July 14	July 21		July 8	July 15	July 22	
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	4	3	6	0	2	0	2	2
Chickenpox	105	112	51	37	56	50	42	18
Diphtheria	147	111	130	113	99	111	91	106
Dysentery (Bacillary)	0	0	12	0	6	0	1	2
Epidemic Encephalitis	3	2	4	4	4	1	2	2
Gonorrhoea	101	149	92	75	106	87	87	56
Influenza	8	10	8	12	5	12	6	4
Leprosy	1	0	0	0	1	1	2	0
Malaria	2	7	4	6	2	7	4	7
Measles	607	424	348	183	13	15	13	4
Mumps	6	10	10	9	19	29	10	2
Pneumonia	41	23	25	92	85	52	29	57
Poliomyelitis	2	0	5	0	0	2	1	1
Rabies	0	0	0	0	1	0	0	1
Scarlet Fever	95	66	94	56	43	44	35	35
Smallpox	24	36	41	25	38	26	14	12
Syphilis	55	113	129	99	80	109	97	108
Tuberculosis	142	165	146	106	234	160	130	176
Typhoid Fever	9	15	24	17	30	35	34	24
Typhus Fever	0	0	1	1	0	1	0	0
Whooping Cough	84	72	106	70	120	87	61	53
Totals	1436	1318	1236	906	944	829	661	670

CALIFORNIA STATE PRINTING OFFICE

27543 8-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD P. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 26 . AUGUST 11, 1923 GUY P. JONES EDITOR

Safe Water on Outing Trip.

The summer tourist season is now at its height. California highways are literally crowded with automobiles loaded down with camping equipment. Municipal and private automobile camps are running to full capacity, forcing many campers to make their camps along the roadside. If a safe drinking water is not available at such places, there is great danger of contracting typhoid or other intestinal diseases through the promiscuous use of water from questionable sources. It is not possible to carry water from home if a long trip is undertaken and therefore it sometimes becomes necessary to resort to the chemical disinfection of small volumes of water while on a camping expedition. The use of iodine for this purpose was advocated by the California State Board of Health in 1917 and the United States Army School of Hygiene has this summer made similar recommendations. The original article published in the June, 1917, Bulletin of the California State Board of Health is reproduced here in part:

"The purity of a water can not be judged by its appearance. The things visible to the naked eye are usually harmless. The invisible germs of disease are by far more injurious to human beings. Chemical poisoning through water is rare and is seldom encountered except in a few sections such as Death Valley, where arsenic has been found in certain springs. Bacterial poisoning, on the other hand, is a very real danger when waters become contaminated even in the slightest degree by human sewage.

To most people the requisite for a good drinking water is that it be cool, clear, sparkling and free from color and odor. These are all physical aspects of a water supply and no not convey a proper idea of the safety. Even the sparkle may be due to decomposition products, such as nitrates and carbonic acid. As a matter of fact, all surface waters, regardless of appearance, are subject to more or less human contamination. This may have come from the recent access of a hiker to the watershed or from the more persistent discharge of sewage into the stream from some private dwelling, resort or community on the stream or on some of its feeders. The average person does not contemplate with sufficient care the danger which may lurk in a given stream. A good deal of this carefree regard of water supplies is due to the very erroneous conception that streams purify themselves in flowing over their rocky beds. It is true that there is a "purification" when water cataracts along, but it pertains to aeration and oxidation of the dissolved organic matters and not to the bacterial ingredients. The babbling brook may be expected to taste sweeter than some other more stagnant body of water, but may, and usually does, contain even more danger-indicative bacteria than the standing water. Sewage bacteria introduced into water gradually disappear by reason of the unfavorable surroundings compared to those to which

Digitized by Google

they were accustomed in the intestines. Laboratory work has shown, however, that typhoid fever germs will survive for as long as thirty days in waters of ordinary temperatures and for much longer periods in cold waters. Such beautiful streams as the Truckee River and the upper Sacramento in the vicinity of Shasta are good examples of streams contaminated with sewage to such an extent that it can be easily distinguished by laboratory examination, and yet are looked upon by almost everyone as being very safe. Every mountain stream is subject to more or less of this same kind of contamination, as vacation typhoid statistics too well show.

BEST TO BOIL WATER.

The safest method of destroying disease germs in water is by actual boiling. Boiling the water five minutes will kill the germs of typhoid and all allied diseases. This method is not always convenient, as laws prohibiting camp fires are in force in certain forested districts. Disinfection of water by chemical means appears to be of more general acceptability. Many chemicals have been recommended with more or less success. The chief purpose of a chemical is to destroy the germs by oxidation. The principle in chemical disinfection in small volumes of water is the addition of an excess of the sterilizing chemical, and after it has been allowed to react for a definite period of time a second chemical is added to neutralize the unspent portion of the first.

Some of the more satisfactory disinfectants are chlorine, in the form of chloride of lime, and iodine. Iodine, in the form of tincture of iodine, is considered more satisfactory for small volumes of water than the use of chloride of lime. It is more convenient to carry and use and less apt to affect the taste of the water. Tincture of iodine may be purchased from any drug store, and is fairly uniform in composition. It is essential in every camping kit, as it may be put to various uses, as for sprains, scratches, cuts, snakebites, and the like. The fact that it is carried by many campers makes its use as a water disinfectant invaluable. A large number of experiments carried out in the laboratory of this bureau on waters from various sources likely to be used by campers has demonstrated the efficacy of tincture of iodine as a water disinfectant. It was found that for clear waters, even though they were grossly contaminated, three drops to each quart of water was sufficient to eliminate disease-producing bacteria.

DIRECTIONS FOR DISINFECTION.

The method recommended is as follows: To one quart of clear water add three drops (such as is obtained with the ordinary eyedropper) of tincture of iodine. To waters which are cloudy or which contain considerable sediment, six drops may be needed. Iodine should be added until a slight but distinct brown color is noticeable. Allow the iodine to react for fifteen minutes, after which add a very small pinch of sodium thiosulphate, or hypo—the chemical used for fixing in photographic work—to destroy the residual iodine. The water will regain its original appearance.

As color appearance is the essence of disinfection, a clear glass jar should be used. If the water is disinfected in a canteen or other invisible receptacle, the color may be observed in a drinking glass. The fifteen-minute interval between the addition of chemicals is very essential. Sterilization is not complete in less time. The amount of hypo used should be kept at a minimum, as overdosing will impart a slight bitter aftertaste. The chemicals as recommended in the above amounts are not injurious to health.

As a general proposition it is far safer to carry along a jug of water from home where its quality is quite well known than to rely on any chance stream. On long trips, however, this is out of the question. The present article is intended to give a practical way of treating such water as is used on the trip so that no risk whatever need be taken."

In California last year 73,205 children were born and during the same year 5,216 deaths of infants under one year of age occurred. The total number of deaths in 1922 was 51,962. The estimated population of the state for July 1, 1922, was 3,697,000.

The time is coming when every death from diphtheria will be looked upon as one of criminal negligence on the part of someone, and, therefore, a case for the coroner's jury to decide upon. The sins of omission are not less culpable than those of commission.—Chas. J. Hastings, M. D.

There isn't the slightest doubt but that money is well spent on garbage and refuse disposal and their attendant nuisances but there is a question as to whether or not money should be spent from public health appropriations for these purposes unless they present important public health problems. If, for example, a city makes an appropriation of $2.00 per capita for public health and seventy cents of that two dollars is spent on garbage, rat, and refuse complaints, is that city really spending $2.00 per capita on public health? We are inclined to feel that it is not.—Detroit Weekly Health Review.

Digitized by Google

Dr. Frank L. Kelly Joins Faculty of University.

Dr. Frank L. Kelly, Epidemiologist of the California State Board of Health, has been granted a leave of absence in order to assume the assistant professorship of public health administration in the University of California. In addition to his duties in the university, Dr. Kelly will also be health officer of the city of Berkeley. Dr. Kelly has been associated with the California State Board of Health since 1915. For two years, during the war, he was director of the Bureau of Communicable Diseases, and since 1920 has served as epidemiologist. His wide training and experience in communicable disease control has made him a vital factor in disease prevention in California. Some of the state's most important investigations into epidemics have been made by him and his contributions to public health in California have been noteworthy. His new duties in the teaching field will extend to others the results of his active experience. In his duties as health officer of Berkeley, that city will have the benefit of his expert services in disease control and public health administration. Berkeley, with its large university population, is an important factor in the maintenance of the state's health and the responsibilities of its health officer are great. The members of the staff of the California State Board of Health and the many health officers throughout the state extend their well wishes to Dr. Kelly in his new capacity.

TUBERCULOSIS IN CATS AND DOGS

Recently the statement was made in one of the leading journals of veterinary medicine that "tuberculous cats and dogs are far from rare in England and that they are a very great menace to the health of children." This statement does not appear to be warranted by the facts observed in the United States, however true it may be of the cats and dogs of England. There are many reasons why the fondling of pets by children that brings them in contact with the mouth and nose of the animal, should be discouraged. Dogs and cats have filthy habits of eating, and, even when they are carfully tended and watched, are very likely to have nose and mouth contaminated by unclean, loathsome material. Moreover, they are quite certainly capable of serving as carriers of infection from a child sick with a contagious disease to one who is well. Tuberculosis is not one of the diseases, however, from which dogs and cats often suffer or are liable to convey to a human being.—Hygeia.

Sanitation and Resorts.

Summer vacations are necessary for the preservation of health. These annual periods of relaxation have demonstrated their value in the increased fitness of men and women to perform the life tasks before them.

Sanitation is just as important for vacations as it is for other days of the year and the vacationist who seeks rest or recreation in a place where sanitary conditions are poor is often doing himself more harm than good.

It is just as important that the summer resort have proper sanitation as it is that the city have sanitation. Lack of sanitation breeds the same diseases in both places.

Health officers are working to eliminate as much as possible the dangers of disease by sanitary improvements at summer resorts and headway is being made, but there is still considerable room for improvement in many places.

Too many resort owners think they are extending privileges to vacationists when the vacationists seek accommodations and regard as unnecessary any improvements that will make the vacation a pleasure.

Nothing is more disgusting than to go to a place, for instance, where water is supposed to be available and find that at least 50 per cent of the time there is not even enough water to drink. Cleanliness under such conditions is almost next to impossible. On top of this the vacationist finds little to be pleased about when the owners of the resorts are indifferent to the remedying of such conditions.

Such conditions as this exist right here in California and should be given the personal attention of health and other state regulatory bodies.

When sanitation at summer resorts is brought up to a standard that reduces the danger of disease to a minimum, then the summer resort can be properly classed as a place where the vacationist may expect to receive health benefits.—*Fresno Republican.*

Many occupations in which the mortality from tuberculosis is high are not in themselves conducive to tuberculosis, but are occupations in which employees are underpaid or overworked, or which are sought by the physically unfit, the improvident, or persons ignorant or careless of the measures necessary to keep healthy. Outside of certain dusty occupations, the lowest tuberculosis mortality is found among the callings which are characterized by comfortable living and moderate exertions. —Surgeon F. C. Smith, U.S.P.H.S., in Public Health Reports.

Digitized by Google

MORBIDITY.*

Diphtheria—90 cases.

Berkeley 4, Oakland 6, Colusa 1, Crockett 2, Los Angeles County 16, Alhambra 1, Glendale 1, Long Beach 3, Los Angeles 28, San Fernando 1, Madera County 1, San Rafael 1, Riverside 1, Sacramento 2, Ontario 1, San Bernardino 1, San Francisco 10, Stockton 4, Daly City 1, Santa Clara County 1, Vallejo 1, Stanislaus County 2, Sutter County 1.

Measles—163 cases.

Alameda 4, Berkeley 5, Oakland 1, San Leandro 1, Chico 1, Oroville 1, Crockett 1, Richmond 1, Fresno County 2, Orland 1, Eureka 4, Los Angeles County 4, Alhambra 2, Los Angeles 21, Monrovia 1, Pasadena 1, Santa Monica 4, San Rafael 1, Fort Bragg 1, Monterey County 10, Salinas 1, Calistoga 2, Orange County 1, Riverside 4, San Bernardino 1, San Francisco 46, Lodi 2, San Luis Obispo County 9, Santa Clara County 2, Gilroy 2, Los Gatos 2, Palo Alto 2, Redding 1, Sonoma County 5, Stanislaus County 3, Modesto 3, Sutter County 1, Trinity County 3, Yolo County 1, Yuba County 4.

Scarlet Fever—56 cases.

Oakland 3, Fresno County 1, Los Angeles County 5, Huntington Park 3, Long Beach 2, Los Angeles 15, Monrovia 1, Pomona 1, San Gabriel 1, Whittier 1, Madera County 1, Orange County 1, Fullerton 1, Sacramento 1, San Bernardino County 1, Redlands 1, San Bernardino 5, San Francisco 4, Stockton 1, Redwood City 1, Vallejo 1, Modesto 1, Ventura County 1, Yolo County 3.

Smallpox—34 cases.

El Dorado County 1, Los Angeles County 6, Los Angeles 20, Pomona 1, Pacific Grove 1, Chino 4, San Francisco 1.

Typhoid Fever—29 cases.

Fresno County 1, Brawley 1, Los Angeles County 7, Alhambra 2, Azusa 1, Glendale 2, Los Angeles 1, Marin County 1, Placer County 1, Redlands 1, San Diego County 1, San Francisco 1, San Joaquin County 5, Lodi 1, Stockton 1, Marysville 1, California 1.

Whooping Cough—62 cases.

Alameda 1, Oakland 4, Eureka 6, Los Angeles County 5, Long Beach 3, Los Angeles 15, Pomona 1, Santa Monica 1, Riverside 1, San Diego County 1, San Francisco 7, Lodi 1, Santa Cruz County 2, Palo Alto 3, Dunsmuir 1, Sonoma County 9, Trinity County 1.

Epidemic Meningitis—1 case.

Napa County 1.

Poliomyelitis—4 cases.

Glendale 1, Fort Bragg 1, Sacramento 1, San Francisco 1.

Epidemic Encephalitis—4 cases.

Livermore 1, San Francisco 2, Woodland 1.

*From reports received by August 7 for week ending August 4, 1923.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending Aug. 4 received by Aug. 9	Week ending			Reports for week ending Aug. 5 received by Aug. 8
	July 14	July 21	July 28		July 15	July 22	July 29	
Anthrax	0	0	1	0	0	0	0	0
Cerebrospinal Meningitis	3	6	0	1	0	2	2	1
Chickenpox	112	51	43	37	50	42	20	21
Diphtheria	111	130	129	90	111	91	119	83
Dysentery (Bacillary)	0	12	0	1	0	1	16	1
Epidemic Encephalitis	2	4	3	4	1	2	2	2
Gonorrhoea	149	92	83	83	87	87	72	164
Influenza	10	8	14	2	12	6	4	3
Leprosy	0	0	0	0	1	2	0	0
Malaria	7	4	8	2	7	4	7	8
Measles	424	348	605	163	15	13	6	5
Mumps	10	10	10	9	29	10	6	6
Pneumonia	23	25	96	25	52	29	60	25
Poliomyelitis	0	5	1	4	2	1	1	1
Rabies	0	0	0	0	0	0	1	0
Scarlet Fever	66	94	70	56	44	35	37	28
Smallpox	36	41	34	34	26	14	15	30
Syphilis	113	129	103	167	109	97	116	137
Tuberculosis	165	146	120	147	160	130	188	112
Typhoid Fever	15	24	24	29	35	34	38	12
Typhus Fever	0	1	1	0	1	0	0	0
Whooping Cough	72	106	78	62	87	61	93	57
Totals	1318	1236	1423	916	829	661	803	696

CALIFORNIA STATE PRINTING OFFICE

27543 8-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 27 AUGUST 18, 1923 GUY P. JONES EDITOR

HEALTH OFFICERS' CONFERENCE AT CORONADO September 10–14.

The Annual Conference of State, County and Municipal Health Officials will be held, as usual, in conjunction with the Annual Convention of the League of California Municipalities at Coronado, September 10 to 14. The tentative program for the conference will be found in this issue of the Bulletin. The total eclipse of the sun, visible only from the extreme southwestern part of the United States, will occur at noon on the opening day of the conference, September 10th.

Travel Information For Health Officers.

The railroad rates from San Francisco to San Diego for the League of California Municipalities Convention at Coronado, September 10-14, will be $24.00 round trip, tickets good for fifteen days. The similar rate, round trip from Sacramento, will be $23.00.

The steamer Harvard will leave San Francisco for San Diego on the afternoon of September 8th. The upper deck of the steamer has been reserved for delegates to the League of California Municipalities Convention. The round trip rate on this steamer, standard accommodations, will be $28.50 round trip. Reservations should be made at once.

The Hotel Del Coronado has made the following convention rates:

Single room without bath, American plan	$6.00
Two in room, without bath, American plan	11.00
Single room, with bath, American plan	7.00
Two in room, with bath, American plan	12.00

All of the meetings of the League and of the Health Officers' Section will be held in the Hotel Coronado. Health officers who desire to stop at this hotel should make reservation immediately, as the accommodations are limited.

The Coronado Merchants' Association, sponsoring "The Fete of the Sun," will receive applications for hotel and apartment accommodations at its office, 1013 Orange avenue, Coronado. It is necessary that the number for whom accommodations are desired and desired rate be stated in letter requesting reservations. The total eclipse of the sun will attract hundreds of scientists and sightseers. This fact makes it necessary that reservations for rooms be made without delay.

To be thoroughly equipped to face any emergency of either peace or war, the state must take a constant and more intelligent interest in the health and fitness of the people.—David Lloyd George.

Digitized by Google

Tentative Program for Health Officers Meeting.

The following program for the Annual Conference of California Health Officers is tentative only. In addition to the papers listed here there will be others upon child hygiene tuberculosis, public health nursing and other subjects. The public health nursing program is being arranged by Miss Mary L. Cole, R.N., of the Pacific Coast Division of the American Red Cross.

The first day of the conference will be devoted to general registration, session of the entire League of California Municipalities including the Health Officers' Section and the festivities connected with the total eclipse of the sun.

TENTATIVE PROGRAM

Health Officers' Section
League of California Municipalities
September 10-14, 1923
Coronado, California

Monday, September 10.

11 a.m. Indian Ceremonial "Fete of the Sun."

12 m. Total eclipse of the sun.

2 p.m. General session, League of California Municipalities. At this meeting the question of making the distribution of milk a public utility will be discussed.

Tuesday, September 11.

9 a.m. Address of Welcome, Raffael Lorini, M.D., City Health Officer, Coronado. Response, Dr. Walter M. Dickie, Sacramento, president of the Health Officers Section. Organization of the Los Angeles County Health Department, by J. L. Pomeroy, M.D., Los Angeles Health Officer, Los Angeles County. Organization of a Rural County Health Department, by Lucius F. Badger, M.D., San Luis Obispo Health Officer, San Luis Obispo County. Organization of the San Joaquin County Health Department, by John J. Sippy, M.D., Stockton Health Officer, San Joaquin Health District. Standardization of Public Health Records in Cities of the Sixth Class, by Louis Olsen, Palo Alto, City Health Officer.

8 p.m. Presentation of play "Trustees' Meeting" at local theater. This play was specially written for the League of California Municipalities.

Wednesday, September 12.

9 a.m. Progress in Mosquito Control in California During the Past Year, by Louva G. Lenert, Sacramento, Engineer in charge of Mosquito Control, California State Board of Health. Typhus Fever and Its Control, by Charles H. Halliday, M.D., Salinas, Health Officer, Monterey County. Typhoid Fever, by W. Leland Mitchell, M.D., Santa Ana, Health Officer Orange County. The Use of Toxin Anti-Toxin in the Control of Diphtheria, by Wilfred H. Kellogg, M.D., Berkeley, Director, State Hygienic Laboratory.

8 p.m. Smoker for delegates of the League of California Municipalities to be given by officers of the United States Army station at San Diego station.

Thursday, September 13.

9 a.m. The Application of the State Law in the Distribution of Milk, by William Veit, D.V.M., Los Angeles, Los Angeles City Health Department. The Sacramento City Milk Bottle Ordinance, by George Joyce Hall, M.D., Sacramento City Health Officer. Nuisance Abatement, by Chester G. Gillespie, Berkeley, Director Bureau of Sanitary Engineering, California State Board of Health. Domestic Sewage Disposal, by R. F. Goudey, Los Angeles, Engineer, Bureau of Sanitary Engineering, California State Board of Health.

8 p.m. Dance on the U. S. S. California, San Diego Bay.

Friday, September 14.

9 a.m. Public Health Nursing, Child Hygiene and Tuberculosis Program to be announced later.

On Thursday or Friday a trip to Tia Juana, Mexico, will be provided for delegates.

The Total Eclipse At Coronado.

The total eclipse of the sun to be seen from San Diego and Coronado, September 10th, will be the first to be seen from that region since 1806 and will not be seen there again until 2045.

Many cities in Southern California are in the "shadow," but the totality will be complete in these favored spots with a duration of over three minutes. The "First Exterior Contact" takes place at 11h. 57m. 32sec. Pacific Time. At that moment a slight indentation may be observed on the rim of the sun at nearly 57 degrees to the right of the sun's vortex. The total eclipse begins at 12h. 57m. 32sec., at which moment the sun disappears from view entirely, and with a clear sky stars are visible. As the sun becomes entirely eclipsed, the "Corona" appears and a brilliant light is seen outside the dark body of the moon. Just before the sun disappears two phenomena are quite striking and beautiful. The first is the appearance of little crescents of light under the trees where the last rays of the sun shine through. These crescents are a kind of a "Camera Obscura" effect, and the points of the crescents are just opposite in direction to the points on the last visible crescent of the sun. The second phenomenon is known as "Baily's Beads." These are caused by the last rays of the sun shining through the irregular mountainous surface of the moon. The "Second Exterior Contact" takes place at 1h. 0m. 33sec., when the sun reappears, and one may again see the crescents in the grass above mentioned, but in an inverted position. The "Last Exterior Contact," when the body of the moon finally leaves the sun, takes place at 2h. 20m. 34sec.

Digitized by Google

Local Health District Act Upheld by Court.

Judge J. A. Plummer of the San Joaquin County superior court has rendered a decision upholding the validity of the local health district act, in a suit which had been brought against the county supervisors for the purpose of testing the legality of the organization of the San Joaquin Health District. The court failed to uphold the opponents of the district upon a single major point of their contention. Judge Plummer ruled that the district health officer is not a "county officer," his powers being restricted to the health district, the boundaries of which, in this instance, happen to coincide with the boundaries of the county. The prayer for an injunction to prevent the levy of a tax for the expenses of the district during the fiscal year which began July first, was denied. Judge Plummer's decision covers in detail all of the points raised by the opponents of the district and indicates careful study and investigation into the status of the act.

The old American idea of self-help, the old indomitable pioneer spirit, has given way to the new idea of being helped by the law. It is our duty as psychiatrists and neurologists in meeting among ourselves not alone to study obstruse problems of the nervous system while turning a deaf ear and a dull eye meanwhile to the community we ought to serve, but also to enlarge our field of vision and duty and activity to teach, to educate, to stimulate to greater endeavor the youth of our country that it may see wherein lies success for human kind. We ought to make our specialty, paradoxically, a universal power for the advance to higher levels in mind, and thought and behavior of our race.—Walter Timme, M.D.

Do flies present an important public health problem in the modern city? Frankly, we have not the knowledge to definitely answer the question, but it seems probable that with the decrease in the number of flies and with the great majority of homes properly sewered there is comparatively little opportunity for the fly to spread communicable disease. Food for babies and very small children should be effectively protected from the fly for he may well play an important role in the spread of diarrheal diseases. ..Isn't the question worthy of careful study? ..If it could be definitely established that flies in the modern city did not constitute a public health problem, and we are inclined to think that they do not, it would mean not that the fly abatement question could be dropped, but that it could be eliminated from a purely public health program.—Detroit Health Review.

Human Death From Rabies Stirs Fresno.

A five-year old boy living in Fresno was bitten on the cheek, July 19th, by a dog which attacked two other children and a woman. The Pasteur treatment was started immediately, but symptoms of the disease appeared before the administration of the eighteenth treatment and the patient died August 8th. The location of the bite, near the large nerve centers, made the case particularly serious. City and county authorities are advocating the vaccination of all dogs in the county and the destruction of any animals that remain unvaccinated. The Fresno Exchange club adopted an appeal to the general public to cooperate with city and county authorities in the enforcement of preventive measures against the disease. This appeal reads as follows:

"To the Residents of Fresno County:

"Protection of our community against the possibility of an invasion of that extremely virulent, dangerous and deadly disease, known as rabies, is an objective upon which all must unite. Although its appearance has just been made here, efforts should be taken at once to conserve health and life by cooperating to the fullest extent with the health officers of the city and county and with the county livestock inspector.

"Believing that prevention is more certain than cure, we urge each and every resident of Fresno county owning or having the custody of a dog to cause such animal to be vaccinated. The price involved is trivial. Human life is priceless. While depreciating any "scare," we firmly believe that this menace can be handled best by looking it squarely in the face.

"We have the fullest and most complete confidence in the desire of our city and county authorities to cooperate in eradicating, insofar as is possible, this dreaded disease, and we hope that the citizenship as a whole will respond to their call, whatever form it may take, and prevent another appalling fatality.

This attitude of the people of Fresno, in facing the facts as they are and acting directly for the control of rabies in the community is highly commendable and offers a shining example to many other communities of California where a *laissez faire* policy in handling rabies has brought only many agonizing deaths of children, spreading fear and injuring the community.

Digitized by Google

MORBIDITY.*

Diphtheria.

63 cases of diphtheria have been reported, as follows: San Francisco 29, Alameda 1, San Jose 2, Stockton 3, Long Beach 2, Pacific Grove 2, Alhambra 1, Glendale 1, Compton 1, Sacramento 1, Los Angeles County 2, Seal Beach 1, Emeryville 1, Point Arena 1, Porterville 1, Lake County 1, Kern County 1, Vallejo 1, Napa County 2, Santa Clara County 1, Lompoc 2, Redlands 1, Fresno County 3, Alameda County 2.

Measles.

119 cases of measles have been reported, as follows: San Francisco 55, Los Angeles County 5, El Segundo 1, Glendale 1, San Jose 4, Lakeport 1, Sacramento 1, Long Beach 1, Hollister 1, Newport Beach 2, Riverside 1, Calistoga 2, Alhambra 2, San Gabriel 1, Monrovia 4, Benicia 2, Salinas 1, Eureka 1, Dixon 3, Contra Costa County 3, Richmond 1, Modesto 1, Vallejo 1, Napa County 2, Santa Clara County 2, Lompoc 2, San Luis Obispo County 13, Fresno County 1, Tulare County 1, Alameda County 3.

Scarlet Fever.

40 cases of scarlet fever have been reported, as follows: San Francisco 6, Sacramento 1, Pomona 2, Stockton 1, Long Beach 2, San Joaquin County 1, Riverside 3, Orange County 1, El Segundo 1, Los Angeles County 3, Berkeley 2, Pinole 1, Kern County 2, Richmond 1, Modesto 1, Santa Clara County 2, Santa Ana 1, Bakersfield 2, Fresno County 3, Tulare County 4.

Whooping Cough.

44 cases of whooping cough have been reported, as follows: Los Angeles County 17, Alameda 7, Morgan Hill 2, Long Beach 1, Pasadena 1, Riverside 3, Palo Alto 2, Berkeley 1, San Francisco 4, Santa Monica 1, Lake County 2, Kern County 1, Eureka 1, Tulare County 1.

Smallpox.

21 cases of smallpox have been reported, as follows: Los Angeles County 5, Pomona 2, Long Beach 2, San Joaquin County 1, Glendale 1, Alhambra 1, Chino 4, Lake County 4, Huntington Beach 1.

Typhoid Fever.

14 cases of typhoid fever have been reported as follows: San Juan Bautista 1, Calistoga 1, Hawthorne 1, San Francisco 1, Alameda 1, Imperial County 1, Santa Cruz 1, Pinole 4, Yreka 1, Alameda County 1, California 1.

Cerebrospinal Meningitis.

Merced County and San Francisco each reported one case of cerebrospinal meningitis.

Encephalitis (Epidemic).

La Mesa reported one case of epidemic encephalitis.

Epidemic Jaundice.

Pasadena reported two cases of epidemic jaundice.

Poliomyelitis.

Ontario reported one case of poliomyelitis.

*From reports received on August 13 and 14 for week ending August 11.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending Aug. 11 received by Aug. 14	Week ending			Reports for week ending Aug. 12 received by Aug. 15
	July 21	July 28	Aug. 4		July 22	July 29	Aug. 5	
Anthrax	0	1	0	0	0	0	0	0
Cerebrospinal Meningitis	6	0	1	2	2	2	1	0
Chickenpox	51	43	37	22	42	20	22	9
Diphtheria	130	129	99	63	91	119	107	37
Dysentery (Bacillary)	12	0	2	0	1	16	5	5
Epidemic Encephalitis	4	3	4	1	2	2	4	1
Epidemic Jaundice	0	0	0	2	0	0	0	0
Gonorrhoea	92	83	93	49	87	72	169	24
Influenza	8	14	2	0	6	4	3	1
Leprosy	0	0	0	0	2	0	0	1
Malaria	4	8	2	5	4	7	12	5
Measles	348	238	194	119	13	6	5	4
Mumps	10	10	9	2	10	6	14	4
Pneumonia	25	96	27	17	29	60	67	15
Poliomyelitis	5	1	6	1	1	1	2	2
Scarlet Fever	94	70	62	40	35	37	33	18
Smallpox	41	34	36	21	14	15	31	14
Syphilis	129	103	168	42	97	116	138	32
Tuberculosis	146	120	219	75	130	188	122	42
Typhoid Fever	24	24	31	14	34	38	23	21
Whooping Cough	106	78	69	44	61	59	64	28
Totals	1235	1055	1061	519	661	768	822	263

CALIFORNIA STATE PRINTING OFFICE

27543 8-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 28 AUGUST 25, 1923 GUY P. JONES EDITOR

Typhus Fever Control Important to California.

There can be no denial of the fact that there is considerable typhus fever in California, particularly in the southern part of the state. The number of recognized, reported cases is low, but in the opinion of health officers who are best qualified to know, many mild and unrecognized cases occur. The disease is endemic in Mexico and the Mexican laboring population within California is growing rapidly. It is logical to believe that the disease is brought into the state by these laborers, and since cases of the disease are reported at more or less regular intervals in various sections of southern California, it is safe to assume that many more cases occur than are reported. The fact that the disease is rare in this country and that comparatively few practitioners have seen cases of typhus strengthens this assumption.

Dr. Charles H. Halliday, full-time health officer of Monterey county, had considerable experience in the control of typhus in Poland and Russia during and after the war. He is well qualified to speak upon the epidemiology and control of typhus and his paper to be read at the annual conference of health officers in Coronado, September 10-14, will be timely and of practical use to health officers.

More Scarlet Fever Less Smallpox in 1923.

A comparison of morbidity statistics for the first six months of 1923 with those for first six months of 1922 shows a considerable decrease in the prevalence of smallpox, significant increases in measles nd whooping cough, a decrease in diphtheria prevalence and a considerable increase in scarlet fever.

The comparative figures are as follows:

Cases	1922 Jan.-June	1923 Jan.-June
Diphtheria	4530	4206 decrease
Scarlet Fever	3107	4424 increase
Smallpox	1752	630 decrease
Measles	689	19612 increase
Whooping Cough	1879	4134 increase

Smallpox is apparently on the decline, pending the time when a new crop of unvaccinated individuals shall become a factor in a new rise in prevalence of the disease.

Measles is widely prevalent, although there have not been so many cases reported during any month since May, when 6165 cases were reported. We seem to be on the ascending grade of the regular three or four-year measles cycle. This is distinctly a "measles year."

Diphtheria shows a slight decrease over last year. The disease is far too prevalent, however, and is likely to remain so until such time as standard

Digitized by Google

methods of control are made universal in their aplication.

Whooping cough is less prevalent at the present time but there are more than twice as many cases reported as were reported during the same period of 1922. The maximum number occurred in May, when 1088 cases were reported. This serious disease of childhood is still regarded frivolously in many communities, in spite of its heavy toll of deaths and the untold number of disasterous after effects that follow in its wake.

A Story of Child Life Saving.

Kathleen Norris, of whom Californians may well be proud, has a story in one of the current magazines that should be read by everyone who may or may not be interested in the welfare of children. It is the story of the capitulation of a redoubtable Mrs. Callahan to the quiet insistence of a public health nurse and the saving of a wee bairn; the awakening to a realization that "these nurses and inspectors and visitors, for whom she had always had so violent a contempt" were "really a sort of great army, unrequited, unrecognized, toiling away year after year under the great mass of ignorant and suffering humanity, fighting their pathetic battles for the world's less fortunate children." The story itself is just a pleasing narrative of an everyday occurrence in the life of a public health nurse, raised to dramatic intensity through the skill of a trained writer.

In this age, when questions of population and the falling birth rate are of such vital import, it behooves us to give attention to every factor that has any bearing on this subject. It is time that we ceased thinking in terms of the unfitness and weakness of women. This splendid modern woman, grown taller and more vigorous because, freed from restricting fashions of dress, she exercises more and consequently eats more, has become better fitted to be the mother of finer sons and daughters, the promise of a stronger race.—Clelia Duel Mosher, M.D., in "Some of the Casual Factors in the Increased Height of College Women," Journal of the A. M. A., August 18, 1923.

The Annual Convention of California Health Officers will be held at Coronado, September 10-14, in conjunction with the Annual Convention of the League of California Municipalities.

Pediatrics is the study of the biologic problems of the child, not simply the study of diseases in children, and it is from this point of view that it should be practiced and taught. —Borden S. Veeder, M.D.

Plan State-Wide Mosquito Campaign.

Mr. G. C. Kelly, Secretary of the Pittsburg Chamber of Commerce, recently addressed the California Association of Commercial Secretaries, assembled in annual convention at Stanford University, upon the subject of mosquito abatement. He advocated the undertaking of a mosquito abatement campaign throughout the State of California under centralized and competent direction "in a big western way," and a resolution covering his recommendations was adopted by the association. He recounted the efforts now being made at Pittsburg in the control of mosquitoes and said further:

"They are forming their own district and in spite of the fact that it may increase their taxes, in view of the fact hat they are situated in one of the richer counties, they favor a state-wide campaign with state financial aid in mosquito abatement, and this latter only because they want to make possible a thorough state cleanup of mosquitoes. They are perfectly willing to pay by themselves for the cleanup of their own district and are well able to do so. They are not willing that California shall ever be classed with ome of the other mosquito-infested parts of the world, even of parts of the United States that we know of. They also know that there are quite a number of other districts favoring this move, and have resolved to work for it in spite of the fact that opposition is shown in some quarters. They consider the work just as necessary and just as profitable; in a relative sense, considering all facts involved, as our state highways for which we stand many times the expense that would need to be borne in eliminating the mosquitoes, and the penalty for not promoting this work must be at least relatively as great as we would experience if we neglected our highways.

Under the abatement district law, it is practically impossible to handle the situation in many communities. Some communities are too poor. The tax provided for by law is insufficient when applied in some districts, and although some are willing to go ahead and do the best they can under the existing law, they find that they can not fully fill the bill. Others, owing to location, can only half fill the bill because their neighbors on the windward side can not be gotten to act with them, and this is particularly true of a couple of localities of which I have knowledge in sections of the state where salt-marsh mosquitoes abound.

Digitized by Google

In the interior valleys, where irrigation is carried on very extensively and where the Anopheles are passing out malaria inoculations very generously, the necessity for coordinate action because of the high malaria rate makes it imperative that effective action be taken without further delay.

Although some few districts of the state are not directly affected, this problem must be handled upon a state-wide basis, because it is growing. It would be most profitable and economical if it were taken care of now."

What Is Child Hygiene?

Child Hygiene is nothing more than the application to the individual of the measures that lead to the normal growth and development of the child, and the methods by which these measures can be applied to large numbers of children. It includes not only physical health but also mental health. The change in conception of the physician from the healer of disease to the counselor of health is the great advance made by the present era of medicine, despite the tremendous impetus and eclat that have been associated with medical research in the past few years; and this is particularly true in the field of pediatrics. Not that in any way the basic importance of medical research is to be belittled or the debt which preventive medicine owes to pure science is to be minimized. The scientific investigator of the diseases that play a large factor in childhood must necessarily be a specialist in some fundamental branch of the medical sciences; but the mere fact that a specialist in chemistry or pathology is studying the diseases of childhood does not necessarily make him a pediatrician—it is a knowledge of the child which does this. The reduction in infant mortality, which is the proudest achievement of pediatrics, has not been due primarily to the development of any method of artificial feeding or to the study of disease, but to education in hygiene and the study and correction of the environmental factors which lower the physical well-being of the infant.

—Borden S. Veeder, M.D.

For the tuberculous, fatigue is the flash from the focus, and he who acknowledges the message by immediately throwing on the brakes, is the patient whom we can appoint engineer of his own case. The patient who never pushes himself to the point of fatigue, or who at once stops short when it is upon him, will never delay his "cure," by any measures within his control, but will hasten it. —Allen K. Krause.

The "Fete of the Sun."

Health officers who attend the annual convention at Coronado, September 10, will be able to witness the pageant to be presented in celebration of the total eclipse of the sun. The dramatic climax comes with the beginning of darkness at the time of the eclipse. Following is the official description of the spectacular undertaking:

"This mighty spectacular pageant will be presented in three episodes: The careless acceptance of the blessings of Nature by man; the sudden removal of all light,—man's fear and repentance; the forgiveness and restoration of the favor of the Almighty. The scenes are laid in the festival place of a great medieval city. Revelry, dancing and careless dissipation hold sway with no thought beyond the immediate present. The material climax is reached when the arrogant king orders the massacre of the older senators who oppose his wishes. His daughter pleads in vain for a more kindly decree. Her lover, a young captain of the guard, refuses to obey the king's order and is sentenced to die first, by the infuriated monarch. A prophet, a weird, majestic figure, appears and forbids the murder and calls upon the heavens to support him. At this moment all eyes are turned to the sky and the gradual darkening of the sun is observed. In haste the festivities cease, and with solemn ritual and dance, a mighty processional of supplicants approaches the High Altar seeking Divine Mercy. The darkness deepens. The prophet stands alone. No word escapes him. In chaos and fear the terrified people determine to sacrifice the King and his daughter that the anger of the gods may be assuaged. The multitude, robed in black, moves sullenly to the sacrificial altar. Here and there torches are lit as the dreadful wail and the music of lamentation is heard. The total eclipse is consummate; now must the King and his daughter give their lives that their people may live. For three minutes during the time of total darkness, the whole spectacle remains in statuesque repose, without movement, without sound, a picture made desolate by the departure of the Light of Day. The prophet moves to the side of the Princess' lover, the shadow slowly departs, the light appears as the soft strains of mysterious music give hope, while a band of white messengers proclaim that the Mercy of the Creator is infinite. Once again, hope and joy are supreme and the citizens return to their rejoicing with a fuller appreciation of the Miracles of Nature."

Digitized by Google

MORBIDITY.*

Diphtheria.

100 cases of diphtheria have been reported, as follows: Los Angeles 30, Santa Cruz County 7, San Francisco 33, Oakland 7, Los Angeles County 4, Long Beach 2, Santa Rosa 1, Alameda 1, Berkeley 1, Eureka 1, Orange County 1, Riverside 2, Mendocino County 1, Ventura County 1, Sacramento 1, Redlands 1, Contra Costa County 1, Chino 1, Fresno County 1, San Fernando 1, San Diego 1, San Mateo 1.

Measles.

158 cases of measles have been reported, as follows: San Francisco 88, Banning 6, Sonoma County 9, Los Angeles 11, Lake County 2, Fresno County 2, Eureka 1, Hanford 1, Trinity County 3, San Luis Obispo County 1, Napa 1, Los Gatos 4, Palo Alto 2, Salinas 1, Sacramento 1, Yuba County 1, Fort Bragg 2, Berkeley 5, Riverside 1, Los Angeles County 4, Alhambra 1, Monterey County 4, Alameda 3, Calistoga 2, San Diego 2.

Scarlet Fever.

38 cases of scarlet fever have been reported, as follows: San Francisco 6, Los Angeles 5, Sonoma County 1, Monterey County 3, Pomona 1, Los Angeles County 4, Berkeley 2, Pacific Grove 1, Long Beach 1, Pasadena 1, Sacramento 1, Tehama County 1, Richmond 2, Palo Alto 2, Modesto 1, Hanford 2, Colusa 1, San Diego 2, Newman 1.

Whooping Cough.

47 cases of whooping cough have been reported, as follows: Sonoma County 7, Monterey County 6, Santa Monica 1, Fresno County 2, Oakland 3, Glendale 2, Lake County 1, Palo Alto 1, Los Angeles County 5, San Francisco 2, Long Beach 2, Shasta County 3, Berkeley 4, Solano County 2, Pomona 1, San Diego 4, Fullerton 1.

Smallpox.

16 cases of smallpox have been reported, as follows: Los Angeles County 5, Pomona 6, Exeter 1, Chino 2, Los Angeles 2.

Typhoid Fever.

41 cases of typhoid fever have been reported, as follows: San Francisco 4, Pasadena 1, Rendondo Beach 7, Los Angeles 4, Long Beach 1, Vacaville 1, San Bernardino County 3, Lassen County 1, Hawthorne 1, Los Angeles County 5, San Fernando 1, Sonoma County 1, Venice 1, Fresno County 2, Oakland 2, California 6.

Anthrax.

Santa Rosa reported 1 case of anthrax.

Cerebrospinal Meningitis.

San Francisco reported 1 case of cerebrospinal meningitis.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Hanford 1, Los Angeles 1, Pasadena 1, San Fernando 1.

Epidemic Encephalitis.

Los Angeles reported 1 case of epidemic encephalitis.

*From reports received on August 20th and 21st for week ending August 18th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Aug. 18 received by Aug. 21	Week ending			Reports for week ending Aug. 19 received by Aug. 22
	July 28	Aug. 4	Aug. 11		July 29	Aug. 5	Aug. 12	
Anthrax	1	0	0	1	0	0	0	0
Cerebrospinal Meningitis	0	1	5	1	2	1	1	4
Chickenpox	43	37	34	13	20	22	26	13
Diphtheria	129	99	113	100	119	107	122	91
Dysentery (Bacillary)	0	2	2	0	16	5	6	1
Epidemic Encephalitis	3	4	2	1	2	4	5	1
Gonorrhoea	83	93	127	73	72	169	105	74
Influenza	14	2	2	4	4	3	7	6
Leprosy	0	0	0	0	0	0	2	0
Malaria	8	2	5	5	7	12	9	3
Measles	238	194	177	158	6	5	9	9
Mumps	10	9	2	4	6	14	10	12
Pneumonia	96	27	41	23	60	67	43	25
Poliomyelitis	1	6	2	4	1	2	7	0
Scarlet Fever	70	62	61	38	37	33	34	27
Smallpox	34	36	33	16	15	31	16	10
Syphilis	103	168	140	71	116	138	120	99
Tuberculosis	120	219	108	138	188	123	152	110
Typhoid Fever	23	31	24	41	38	23	35	16
Whooping Cough	78	69	69	47	59	64	59	47
Totals	1054	1061	947	738	768	822	768	548

CALIFORNIA STATE PRINTING OFFICE

27543 8-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 29 SEPTEMBER 1, 1923 GUY P. JONES EDITOR

PROGRAM.

HEALTH OFFICERS' SECTION.
LEAGUE OF CALIFORNIA MUNICIPALITIES.
Coronado, Cal., September 10-14, 1923.

Monday, September 10.

11 a.m. Indian Ceremonial "Fete of the Sun."

This spectacular pageant, full of dramatic episodes, has been prepared at great expense by the Coronado Merchants' Association. It will be presented upon the grounds of the Coronado Polo Club. The total eclipse of the sun is used ingeniously for bringing about the climax in the action of the drama.

12 m. Total Eclipse of the Sun.

The eclipse will be visible in totality only from the extreme southwestern corner of the United States. The duration of totality will be over three minutes. Many interesting phenomena are associated with the eclipse, such as the appearance of little crescents of light under the trees where the last rays of the sun shine through.

2 p.m. General Session with the League of California Municipalities.

The question of making the distribution of milk a public utility will be discussed at this meeting. Aside from stabilization of prices, there are many reasons advanced by proponents of this scheme that will prove of particular interest to health officers. The California milk laws are said to be better than those of any other state. Making the distribution of this necessary product a public utility is a proposition that will provoke a lively discussion.

8 p.m. Play "Trustees' Meeting".

This play, which was written specially for the League of California Municipalities, is said to be mirth provoking. It will be presented in a local theater.

Tuesday, September 11, 9 a.m.

Address of Welcome, by Frederick Ceres, M.D., U. S. N., President, Coronado Board of Health.

Digitized by Google

Coronado has many advantages in providing for the health of its people. Dr. Raffael Lorini has served as the city's health officer for many years and under his direction the community health of this district has been kept at a high standard. Dr. Ceres will tell of Coronado's public health achievements in his address of welcome.

Opening Address, by Walter M. Dickie, M.D., President of the Health Officers' Section; Secretary, California State Board of Health.

Dr. Dickie will review the present status of public health administration in California and will recount the progress made in the control of the communicable diseases within the state during the past year.

Organization of a Rural County Health Department, by Lucius F. Badger, M.D., San Luis Obispo, Health Officer of San Luis Obispo County.

San Luis Obispo County is, typically, a rural county, and in the organization of its health department, Dr. Badger, full-time health officer, has kept in mind those particular problems that are of prime importance to rural communities.

Organization of the San Joaquin County Health District, by John J. Sippy, M.D., Stockton, Health Officer of San Joaquin Health District.

The San Joaquin County Health District includes all of the incorporated and unincorporated territory of San Joaquin County. The district has been organized March 1, 1923, and has made remarkable progress during the few months of its existence in spite of many handicaps. Dr. Sippy will outline the organization of his department, which is supported, wholly, by funds raised by means of a tax levy.

Work of the Los Angeles County Health Department in the Control of Tuberculosis, by J. L. Pomeroy, M.D., Los Angeles, Health Officer of Los Angeles County.

Los Angeles County is the first in the state to take advantage of the local health district act. Dr. Pomeroy has been successful in welding incorporated and unincorporated territory into strong units for public health administration. He has a large and capable staff engaged in a wide variety of activities for the promotion of the health of residents of Los Angeles County.

Record Keeping in the Small Health Department, by Louis Olsen, Palo Alto, City Health Officer.

Small cities have public health problems that are unlike, in many respects, similar problems encountered in large cities, and in rural districts. Palo Alto has been particularly successful in securing an efficient method of solving such problems and Mr. Olsen will tell of the health regulations used in Palo Alto.

8 p.m. Smoker given by United States Army Officers.

Wednesday, September 12, 9 a.m.

Progress in Mosquito Control in California During the Past Year, by Louva G. Lenert, Sacramento, Engineer in charge of Mosquito Control, California State Board of Health.

California has a mosquito and malaria problem. The malaria mosquito problem is confined to the interior valleys, but the mosquito nuisance is aggravating in territory near the salt marshes of the bays and coast. Mr. Lenert, who was formerly connected with the International Health Board, has had many years of experience in this work and his activities in California during the past year enable him to speak with authority upon the present problem in California and the progress made in its solution.

The Control of Typhus Fever, by Charles H. Halliday, M. D., Salinas, Health Officer of Monterey County.

Typhus fever may be more prevalent in California than we know. Cases are reported frequently and it is safe to assume that many unrecognized cases occur. Dr. Halliday, during and following the war, had intensive experience in the control of typhus in Poland and Russia. His expert knowledge of typhus will be of assistance to California health officers who may encounter cases of this disease, which is so prevalent across the Mexican border.

Some Considerations in the Control of Typhoid Fever, by W. Leland Mitchell, M.D., Santa Ana, Health Officer of Orange County.

Although the typhoid mortality rate has been lowered greatly in the United States, truly remarkable records having been achieved in many states, it is necessary that eternal vigilance be observed in the control of this readily preventable disease. The California typhoid mortality rate hovers around 4.0 per hundred thousand popula-

Digitized by Google

tion. This is not the lowest state rate but it compares favorably with the records made in other parts of the United States. If California is to maintain this good record, strict control measures must be applied unceasingly. Dr. Mitchell will enumerate some of the factors that have to do with keeping this disease in check.

The Use of Toxin-Antitoxin, by Wilfred H. Kellogg, M.D., Berkeley, Director, State Hygienic Laboratory, California State Board of Health.

The use of the Schick test and immunization through toxin-antitoxin is bringing direct results in the control of diphtheria. Dr. Kellogg has worked out a test for immunity that, in many respects, is to be preferred to the Schick test, and which also provides a valuable check on the reliability of that test. He will demonstrate his test by guinea pigs. The use of toxin-antitoxin in the active immunization of persons nonimmune to diphtheria is one of the most valuable public health procedures now available and its use is more widely applied each year. Dr. Kellog will give timely information concerning the use of this product.

8 p.m. Dance on the U. S. S. California.

Thursday, September 13, 9 a.m.

The Application of the State Law in the Distribution of Milk, by William Veit, V.M.D., Los Angeles, Los Angeles City Health Department.

Dr. Veit's experience in the application of the state milk law in the distribution of milk in Los Angeles will provide subject matter of interest to all health officers. The distribution of milk is of importance to every public health department and the recital of the experience of Los Angeles will prove of value to health officers.

Service of Milk in Public Eating Places, by George Joyce Hall, M.D., Sacramento, City Health Officer.

Nuisance Abatement, by Chester G. Gillespie, Berkeley; Director, Bureau of Sanitary Engineering, California State Board of Health.

The abatement of nuisances constitutes one of the most aggravating duties that falls to the lot of the average health officer. There are many practical methods for securing the abatement of nuisances and Mr. Gillespie's paper will cover some of these methods for the solution of every-day problems.

Domestic Sewage Disposal, by R. F. Goudey, Los Angeles, Bureau of Sanitary Engineering, California State Board of Health.

Mr. Goudey's paper will cover four common methods of domestic sewage disposal: (1) earth pits, (2) chemical toilets, (3) cesspools and (4) septic tanks. Health officers will find information of practical value in this paper.

The program for this day includes a trip to Tia Juana for delegates to the convention.

Friday, September 14, 9 a.m.

The Value and Necessity of Supervision for Public Health Nurses, by Mary L. Cole, R.N., San Francisco, Director Nursing Service, Pacific Division, American Red Cross.

The scope of public health nursing has widened immeasurably during the past two years. There are at least 600 public health nurses employed in California today. The need for supervision of this small army is apparent and is recognized by the nurses themselves.

The Work of the Nurse Under the Sheppard-Towner Act, by Ellen S. Stadtmuller, M.D., San Francisco, Bureau of Child Hygiene, California State Board of Health.

The provisions of the Sheppard-Towner act for the promotion of material and infant welfare have opened a new and wider field for public health nurses. Prenatal work in rural districts, cooperation with physicians and kindred subjects will provide health officers and nurses with information on the practical working out of the Sheppard-Towner program in California.

Community Nursing, by Annis L. Fletcher, Long Beach, Superintendent, Department of Social Welfare, City of Long Beach.

For many years, Long Beach has maintained through unofficial and official agencies, machinery for the promotion of social welfare. Miss Fletcher will present the public health nursing program now in operation in Long Beach.

County Nursing Under a Full-Time Health Officer, by Lillian Simpson, R.N., Los Angeles, Supervising Nurse, Los Angeles County Health Department.

Digitized by Google

MORBIDITY.*

Diphtheria

116 cases of diphtheria have been reported, as follows: San Francisco 22, Sonoma County 20, Los Angeles 28, Oakland 7, Lake County 4, San Diego County 1, Riverside 1, Redlands 2, Alameda County 3, Fresno County 1, Sacramento 2, Ventura 1, Burlingame 2, Stanislaus County 2, Sonora 1, Martinez 1, Sunnyvale 1, Santa Barbara County 2, Solano County 1, Santa Rosa 1, Tuolumne County 1, Davis 1, Pacific Grove 1, Yuba City 1, Alameda 1, Los Angeles County 4, Long Beach 1, San Joaquin County 1, Humboldt County 2.

Measles

153 cases of measles have been reported, as follows: San Francisco 68, Monterey County 21, San Luis Obispo County 17, Los Angeles 8, Hemet 3, Oakland 1, Eureka 1, Lemoore 1, Colusa County 1, Redwood City 2, Chino 1, Dixon 1, Crescent City 1, Burlingame 2, Sonoma County 6, Richmond 1, Riverside County 2, Hollister 3, Los Gatos 3, Whittier 1, Alameda 1, Colton 2, Los Angeles County 3, Palo Alto 1, Patterson 1, Berkeley 1.

Scarlet Fever

39 cases of scarlet fever have been reported, as follows: Los Angeles 7, Oakland 2, Santa Ana 1, Stanislaus County 1, Bakersfield 1, Colusa 1, Fresno County 3, Alameda County 1, Dixon 2, Richmond 1, Sacramento 1, Seal Beach 2, Monrovia 1, Pomona 1, San Francisco 4, Long Beach 3, Los Angeles County 2, San Joaquin County 1, Fullerton 2, Palo Alto 1, San Diego County 1.

Whooping Cough

43 cases of whooping cough have been reported, as follows: Sonoma County 7, Los Angeles 7, Riverside 5, Oakland 3, Hemet 1, Lemoore 1, Colusa 1, Pasadena 3, Santa Rosa 1, Santa Monica 1, Sacramento 1, Los Gatos 2, San Francisco 7, Los Angeles County 1, Humboldt County 1, Colton 1.

Smallpox

16 cases of smallpox have been reported, as follows: Los Angeles 5, Pomona 5, Stanislaus County 1, Escondido 1, Santa Monica 1, Monterey County 1, Los Angeles County 1, Long Beach 1.

Typhoid Fever

22 cases of typhoid fever have been reported, as follows: Berkeley 1, Los Angeles 8, Nevada County 1, Stanislaus County 1, South San Francisco 2, Livermore 1, Redlands 1, Fresno County 2, Long Beach 1, San Joaquin County 1, Alhambra 1, Venice 1, San Bernardino 1.

Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Los Angeles 1, San Fernando 1, Redlands 1.

Epidemic Encephalitis

Sacramento and Los Angeles each reported one case of epidemic encephalitis.

Rabies (Human)

Fresno County reported one case of human rabies.

Epidemic Jaundice

Pasadena reported one case of epidemic jaundice.

*From reports received on August 27th and 28th for the week ending August 25th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923 Week ending Aug. 4	Aug. 11	Aug. 18	Reports for week ending Aug. 25 received by Aug. 28	1922 Week ending Aug. 5	Aug. 12	Aug. 19	Reports for week ending Aug. 26 received by Aug. 30
Anthrax	0	0	1	0	0	0	0	0
Cerebrospinal Meningitis	1	5	3	0	1	1	3	1
Chickenpox	37	34	13	17	22	26	13	8
Diphtheria	99	113	116	116	107	122	100	94
Dysentery (Bacillary)	2	2	17	6	5	6	2	0
Epidemic Encephalitis	4	2	1	2	4	5	1	1
Epidemic Jaundice	0	2	0	1	0	0	1	1
Gonorrhoea	93	127	77	51	169	105	75	72
Influenza	2	2	4	5	3	7	6	5
Leprosy	0	0	0	0	0	2	0	0
Malaria	2	5	8	3	12	9	3	11
Measles	194	177	170	153	5	9	9	7
Mumps	9	2	5	6	14	10	12	8
Pneumonia	27	41	82	14	67	43	29	34
Poliomyelitis	6	2	5	3	2	7	0	0
Rabies (Human)	0	0	0	1	0	0	0	0
Scarlet Fever	62	61	42	39	33	34	32	26
Smallpox	36	33	17	16	31	16	15	22
Syphilis	168	140	73	84	138	120	100	78
Tuberculosis	219	108	162	185	122	152	143	72
Typhoid Fever	31	24	48	22	23	35	28	26
Whooping Cough	69	69	86	43	64	59	59	37
Totals	1061	947	930	767	822	768	631	503

CALIFORNIA STATE PRINTING OFFICE

27543 8-1923 3500.

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 30 SEPTEMBER 8, 1923 GUY P. JONES EDITOR

How to Classify and Abate Nuisances.

How to classify nuisances and how to proceed in their abatement constitute no small problem in any local health department. Chester G. Gillespie, director of the Bureau of Sanitary Engineering of the California State Board of Health has prepared a paper covering these subjects, to be read at the Annual Conference of California Health Officers at Coronado. Excerpts from this paper are printed here:

The courts generally consider that a nuisance must be more than merely unsightly, unpleasant or somewhat injurious, that on the contrary it must work a material annoyance, inconvenience or injury, that it must do this to the ordinary person of ordinary sensibilities in the neighborhood. That it may not be offensive to a person lacking in the finer sensibilities or with dulled olfactory senses is no defense. That it may arouse the ire of persons of elegant habits of living is not sufficient to cause nuisance. Property damage can have no part in a public nuisance and the health officer about to abate one must assure himself that the objections are not magnified by losses. Nor is a sentimental objection to the mere presence in the neighborhood of the thing complained of sufficient or any cause of action. Until there is actual and material menace to health, annoyance or inconvenience to the ordinary persons in the neighborhood where people dwell or pass or have the right to pass, or an impairment of a public right, there can be no public nuisance. As a matter of policy the health officer will usually examine into all complaints to determine whether there is a public nuisance. He must be thoroughly sure that the nuisance is a public one before taking any legal steps. An error may prove costly. He can not afford to let a neighborhood, stirred up by the eloquence of some agitator suffering a private nuisance, force him into any but a deliberate course of investigation and action.

A nuisance may often amount to a weak public nuisance and yet be a strong private one. Even in this case he may, as a friend of both parties, properly impress upon the person responsible the merits of the objections and frequently effect a relief without further controversy.

Custom often plays an important part in judging a nuisance. What is a nuisance in one locality may not be a nuisance in another. Thus, hog-pens in the country may be proper, and a manufacturing plant, decidedly injurious in a residential ditsrict, may be not at all out of place in an industrial zone. Things which are a nuisance in a thickly-settled community may be no nuisance at all in a sparsely-settled community.

However, the courts quite generally impose upon those who may use property to the detriment of others, even in localities given over to similar practices, the burden of reasonable diligence and

Digitized by Google

the taking of all available precautions to minimize the offense and injury to neighbors.

* * * * * * *

The Civil Code of California authorizes the abatement of public nuisances by any police officer or body so empowered by law. The penal code empowers the health officer or district attorney to serve notices to abate nuisances. A nuisance violating such notices is defined as a misdemeanor and the district attorney is directed to prosecute until the nuisance is removed.

The constitution gives counties, cities and towns the right to regulate matters relating to health and sanitation within them. The political code requires their governing boards to adopt ordinances in pursuance thereof, and to appoint health officers who shall enforce such ordinances and also the health laws of the state and orders or regulations of the State Board of Health.

The political code gives the State Board of Health the power to enjoin and abate those nuisances which are dangerous to health. The Public Health Act also gives the State Board of Health power to abate nuisances due to sewage disposal.

The procedure in remedying nuisance may be by criminal prosecution or by a civil suit, indictment, injunction or abatement. For minor nuisances the first procedure is usually employed. For the larger nuisances, where a permanent settlement is the end sought or where the cost of remedy might be far greater than the maximum fine, a civil suit is more appropriate.

In a criminal action to remove a nuisance, the health officer or district attorney may serve a notice upon the persons maintaining or allowing a nuisance to exist. The district attorney must then prosecute as misdemeanors any violations of the notice.

The general conception is that the health officer has the serving of notices in matters which are technically or popularly supposed to be a menace to health.

Many, in fact most, nuisances are remedied without litigation, through the judgment, tact and skill of the health officer. The person responsible for the nuisance is usually willing to accept the decision of the health officer as to the merits of the case and if the party at fault can be shown what he should do, he is usually willing to do his best to correct it. In fact, the health officer who can give sound, constructive advice on how to overcome the nuisance succeeds best.

Some public nuisances are of such a nature that no remedy is known. The course of action lies in appealing for tolerance, if the enterprise is a worthy one, in advising private action, or in injuncton or abatement.

In dealing with complaints, however rabid, a safe rule to follow is to investigate the nuisance with the fullest solicitude, in the belief that there may be merit to the allegations. But the health officer can not afford to take a false step. He must never resort to legal action to relieve a nuisance unless there is a public nuisance. Should he conclude that the nuisance is not a public one and in no sense a menace to health, he may nevertheless urge relief upon the persons responsible and offer such suggestions as he can on the right method of procedure.

Those nuisances, however, which possess a demonstrable danger to health are undoubtedly to be dealt with summarily. Relief or removal of such nuisances promotes better health conditions and benefits the sanitary tone of a much larger community than is directly involved.

* * * * * * *

At the best, nuisance problems are unpleasant. Nevertheless, they are generally worth the trouble incident to their relief. Their relief or removal is instrumental in advancing the standards of cleanliness and healthfulness of a people.

The decisions of the courts on nuisances are not without anomalies, and the legal procedures varied. Even the service of a notice of abatement is full of pitfalls. One can not safely tread far beyond friendly intervention and investigation of nuisances without the help and advice of those versed in the law.

"They'll have to have them sooner or later, so I suppose they might just as well have them now when all the other children are staying in too," is the well-nigh homicidal attitude of many parents when their children have been exposed to measles or when, during slight attacks of measles, they want to join their playmates. Perhaps if these parents knew that in the one year 1920, ten thousand children in the United States died from measles, that many more died from bronchopneumonia following measles or later from tuberculosis, and that other thousands were left to suffer lifelong from "weak" eyes and "running" ears, they would regard measles with appropriate dread, instead of as one of the lesser ills that every child is heir to.—Hygeia.

Digitized by Google

Another Case of Plague in a Human Being.

Another sporadic case of plague in a human being occurred in California last month. The patient, a young lady, sixteen years old, arrived in San Francisco from her home in Monterey County on the fifteenth of August and was taken ill on the eighteenth. The attending physician, on the twentieth, made a tentative diagnosis of plague, which was confirmed, bacteriologically, on the twenty-fourth. Dr. E. A. Dickson of the Stanford University Medical School discovered the plague organisms in smears from inoculated guinea pigs. His findings were substantiated by Dr. N. E. Wayson of the United States Public Health Service and Dr. W. H. Kellogg, Director of the State Hygienic Laboratory of the California State Board of Health. The source of infection is unknown, but it is assumed that the disease was contracted in the rural districts of Monterey County, where infected ground squirrels have been found. The patient is recovering.

School for Food Handlers Established.

The city of Detroit has determined that food handlers must be more than merely free from communicable disease; they must also know the fundamentals of personal hygiene and practice its precepts. In addition to regular physical examination of food handlers, talks designed to promote the establishment of good habits in personal hygiene are given. Until recently this activity has been designated by the Detroit Health Department as the "food handlers' clinic" but since the educational features have been established it has become the "food handlers' clinic and school." It is true that a food handler may be in good health, but may, nevertheless, not know how to conduct himself so as to keep clean the food products that he handles. It has been demonstrated time and again that spotless, white tiles and the very best of machinery and equipment do not determine the sanitation of the food products in any establishment. The personal hygiene of the workers is of first importance in keeping foods clean, and any factor that promotes and encourages personal cleanliness in the workers will go far toward placing clean food products in the hands of consumers.

Scholarships in Child Health for Physicians.

The American Association has appropriated $10,000 for resident and travel scholarships to physicians. These scholarships are for the purpose of affording an opportunity to secure training in child health work which will better fit them to fill positions with state and municipal divisions of child health or organizations engaged in child health work, or to enable physicians already engaged in the child hygiene field to secure additional training or experience. The fund will be allotted in amounts suited to the objectives arranged for the respective students.

Applicants eligible for these will be physicians who are in good standing in their local and state medical societies, and who shall present evidence of the following qualifications:

(a) Graduation from a Grade A medical school and a license to practice in the state from which they apply.

(b) Real interest in child health.

(c) Either special instruction or practical experience in public health or child hygiene, including school health work. Those who have had such experience will be given preference in the selection of candidates.

THE NEW HEALTH EDUCATION.

The first idea that is often found at work in the health movement is that health is primarily a physical matter. This idea is predominant in the emphasis on brushing one's teeth, in masticating one's food and in exercising one's muscles. Contrariwise, health is not only physical but also mental and social. One's teeth are more dependent on what one's mother eats during pregnancy than on teeth-cleaning habits; one's digestion is related as much or more to mental attitudes than it is to mastication; and exercise that neglects the satisfactions and annoyances in the nervous system is making false claims for wholesomeness. The teacher of health education must recite as one of the first principles: Mind and body are one. Health and happiness are not built up; they come from activities that produce them as by-products. The important consideration in this connection is to teach boys and girls to live correctly, to establish wholesome habits, and to form socially useful attitudes. The school by its sterile program of calisthenics may delude itself about "building up health," but boys and girls go to college seeking to be excused from the requirement of physical education. It is far more important that the school seek constantly to develop a skill in and a love for some form of physical activity that they will carry with them throughout life.—Dr. J. F. Williams in Hygeia.

Digitized by Google

MORBIDITY.*

Diphtheria.

104 cases of diphtheria have been reported, as follows: Alameda 5, Long Beach 6, Los Angeles 29, San Francisco 22, Brawley 2, Los Angeles County 4, Hawthorne 1, San Fernando 3, Santa Cruz County 3, Santa Barbara 2, Berkeley 4, Mendocino County 1, Ukiah 2, Sacramento 2, Riverside County 1, Pasadena 2, Contra Costa County 1, Richmond 1, Oakland 13.

Measles.

198 cases of measles have been reported, as follows: Los Angeles 11, San Francisco 111, Santa Barbara 7, Napa 1, Riverside County 5, Vallejo 1, Solano County 2, Santa Clara County 2, Los Angeles County 4, Alhambra 1, Monterey County 2, Sonoma County 1, San Bernardino County 2, San Bernardino 3, Long Beach 2, Yolo County 1, Tulare County 1, Ventura 1, Calexico 1, Chico 1, Placer County 2, Bakersfield 2, Contra Costa County 1, Orange County 3, Orange 3, Santa Ana 1, Anaheim 2, Sacramento 3, San Diego County 2, San Joaquin County 1, Contra Costa County 1, Monterey Park 3, San Luis Obispo County 4, Rio Vista 7, Oakland 3.

Whooping Cough.

28 cases of whooping cough have been reported, as follows: Los Angeles 6, Riverside County 4, San Francisco 4, Los Angeles County 1, San Fernando 3, Monterey County 1, Alameda 1, Pasadena 2, Marysville 1, Lodi 1, Monterey Park 2, Oakland 2.

Scarlet Fever.

34 cases of scarlet fever have been reported, as follows: Los Angeles 3, San Francisco 4, Los Angeles County 4, Pomona 1, Berkeley 1, Long Beach 1, Pasadena 1, Stockton 3, San Joaquin County 1, Lodi 3, Monterey Park 4, Oakland 8.

Smallpox.

14 cases of smallpox have been reported, as follows: Los Angeles County 6, Los Angeles 2, Glendora 1, Alhambra 1, Long Beach 2, Pasadena 1, Modesto 1.

Typhoid Fever.

12 cases of typhoid fever have been reported, as follows: Marysville 1, Los Angeles 2, Alhambra 1, Los Angeles County 1, Chino 1, Mariposa County 2, San Joaquin County 1, Lodi 1, California 2.

Leprosy.

Los Angeles reported 1 case of leprosy.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Los Angeles County 2, Los Angeles 3, Berkeley 1.

Epidemic Encephalitis.

San Francisco reported 3 cases of epidemic encephalitis.

Anthrax.

Stockton reported 1 case of anthrax.

*From reports received on September 4th and 5th for week ending September 1st.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 1 received by Sept. 5	Week ending			Reports for week ending Sept. 2 received by Sept. 5
	Aug. 11	Aug. 18	Aug. 25		Aug. 12	Aug. 19	Aug. 26	
Anthrax	0	1	0	1	0	0	0	1
Cerebrospinal Meningitis	5	3	1	0	1	3	2	0
Chickenpox	34	13	21	39	26	13	18	24
Diphtheria	113	116	130	104	122	100	95	68
Dysentery (Bacillary)	2	17	7	2	6	2	0	1
Epidemic Encephalitis	2	1	3	3	5	1	2	1
Gonorrhoea	127	77	59	80	105	75	86	100
Influenza	2	4	5	4	7	6	5	8
Leprosy	0	0	0	1	2	0	0	0
Malaria	5	8	3	6	9	3	12	4
Measles	177	170	167	198	9	9	12	5
Mumps	2	5	7	4	10	12	9	9
Pneumonia	41	82	16	21	43	29	40	38
Poliomyelitis	2	5	3	6	7	0	0	0
Scarlet Fever	61	42	43	34	34	32	30	32
Smallpox	33	17	17	14	16	15	22	3
Syphilis	140	73	84	64	120	100	86	89
Tuberculosis	108	162	185	104	152	143	94	90
Typhoid Fever	24	48	27	12	35	28	27	9
Whooping Cough	69	86	53	28	59	59	47	26
Totals	945	930	831	725	768	630	587	508

CALIFORNIA STATE PRINTING OFFICE, SACRAMENTO

27543 9-23 3500

Digitized by Google

Dup

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 31 SEPTEMBER, 15, 1923 GUY P. JONES EDITOR

Rabies and Diphtheria Control Imperative.

In his opening address before the health officers of the state at Coronado, Dr. Walter M. Dickie, secretary of the California State Board of Health and president of the conference, called attention to the growing need for the application of most rigid control measures to check the spread of rabies and diphtheria in California. He said:

"In reviewing public health activities in California during the past year, it is proper that the status of communicable diseases and their control be given first consideration. The increased prevalence of rabies and the continued prevalence of diphtheria constitute the most outstanding problems now existing in the control of communicable disease within the state, and I shall sketch, briefly, the need for intensive action in bringing within bounds these two diseases, in particular, and without further delay.

"More cases of rabies are now occurring in animals and in human beings in California than have ever occurred at any time in the history of the state. The methods of control of this disease have been augmented recently by the discovery of the single injection method of vaccinating dogs against the disease. The application of this method of control does away with the troublesome confinement or muzzling of dogs in communities where rabies may be prevalent, renders unnecessary the use of the Rabies Quarantine Act of 1913 and thus makes the control of rabies much easier and much more effective. Berkeley was the first city in the state to adopt an ordinance by which the vaccination of dogs against rabies is made a prerequisite for securing a license. Several other cities and counties have adopted similar ordinances, but most of them have been put into force as emergency measures only. It would appear that the routine vaccination of dogs against rabies is at the present time the one best method of combatting this disease. I would urge every health officer in the state, whether rabies is present in his community or not, to do all that may be possible to secure the enactment of local legislation that will make this method of control universal. The California State Board of Health has prepared a model ordinance for the control of dogs, and copies may be obtained by any health officer who may desire them. That the spread of rabies can be checked only through the control of the dog population is obvious and that the dog population can best be controlled through vaccination naturally follows. Furthermore, the destruction of all dogs whose owners refuse vaccination is important since it is chiefly stray and homeless wandering animals that spread the disease. *I would impress upon you the fact that nine human beings, most of them small children, have died of this*

Digitized by Google

dreadful disease in California this year. To permit this controllable and preventable disease to continue unabated is a distinct reflection upon the intelligence of the community where it exists.

"Diphtheria is far too prevalent. There were 4206 cases reported in California during the first six months of this year. More general use should be made of the immunity test and the active immunization of nonimmune children. This should be undertaken, widely, as a community proposition. How effective the application of the Schick test and the administration of toxin antitoxin to the nonimmune may be is well shown in the experience of Dr. M. L. Fernandez, health officer of Hercules and Pinole, powder manufacturing towns in Contra Costa County. There were no cases of diphtheria reported in Pinole in 1919 and 1920, but in 1921 thirty-eight cases were reported and in January of 1922 six more cases occurred. In February, 317 Schick tests were made, with 232 positives and 85 negatives. In March, of the 232 children showing positive reactions, 222 were given toxin antitoxin, 182 of whom received three doses, 22 received two doses and 18 of whom received but one dose.

"In August, 141 of these children immunized in March were again given the Schick test. Of this group 34 were positive (nonimmune) and 107 were negative. During the interim many children immunized previously, had left town. This accounts for the reduced number of tests given.

"With the exception of a single case of diphtheria in March, 1922, in a child whose parents had refused to have him immunized, not a single case of diphtheria has occurred in the Pinole-Hercules school district since the immunization of the children in that community.

"According to the school census of that district, in November, 1921, there were 351 children, 3 to 18 years of age, and 289 children, 6 to 18 years of age. In October there were 243 children in school attendance and 116 of preschool age, making total of 359 children in the community. The population of the towns vary according to the labor turnover, but the estimated population of Pinole and Hercules at that time was 1340.

"The total cost of this work was $296, of which $200 was paid for the salary of a special deputy health officer, each town paying half of the amount. The cost of the toxin antitoxin was $96. The parents paid 10 cents per dose, which amounted to $63.95. The balance was paid by the Pinole Chapter of the American Red Cross. The total cost, therefore, of ridding this community of diphtheria was less than one dollar per child. This constitutes a shining example of the results that may be achieved through the use of our available machinery for the control of diphtheria. If other cities and counties throughout the state were to undertake similar campaigns for the control of this disease, its wide prevalence might be reduced greatly and much suffering and many needless deaths prevented."

"COLDS" IN SCHOOL CHILDREN.

The ordinary "cold" or coryza, has not received adequate consideration. Too often it is deemed merely an inconvenience or an uncomfortable nuisance. At the Lincoln School of New York City more days were lost by pupils with colds than from all other causes combined, and this probably represents the general school experience. The serious complications such as inflammations of the middle ear, of the various sinuses, and of the glands that may arise from a cold make it sound policy to protect children from unnecessary exposure to this disease.

Parents are constantly importuned by educational authorities to send their children to school lest they fall behind in their work; minor ailments are ignored. Even the medical profession is inclined to underestimate the seriousness of colds, and, in the absence of complications, to permit children to attend school regularly. There can be no doubt, however, that the ideal medical position is to advocate absence from school far more frequently than is now the practice. The mere fact that we know so little about coryza indicates the importance of giving it more thoughtful attention. It is a condition that does not induce much immunity; indeed, it appears to reduce individual resistance to various infections. Our knowledge of the microbic causes of colds is still unsettled and the results of treatment vaccines, either to prevent or to cure the disease, are as yet most inconclusive. Until we have much more definite and satisfactory knowledge of these matters the wise plan is to keep children with colds out of school. They are a serious factor in the illness and mortality of children of school age. This will be more difficult in public schools than in private institutions, but should be urged by every physician.—Hygeia.

OATH OF THE ATHENIAN YOUTH.

We will never bring disgrace to this, our city, by any act of dishonesty or cowardice, nor ever desert our suffering comrades in the ranks. We will fight for the ideals and sacred things of the city, both alone and with many; we will revere and obey the city's laws, and do our best to incite a like respect and reverence in those above us who are prone to annul or set them at naught; we will strive unceasingly to quicken the public's sense of civic duty. Thus in all these ways we will transmit this city not only not less, but greater, better and more beautiful than it was transmitted to us.

Digitized by Google

Health Officers Hold Interesting Sessions.

The Annual Conference of California Health Officers is being held this week in Coronado in conjunction with the annual meeting of the League of California Municipalities. There is a large attendance of health officers from all sections of the state. The program has brought some excellent papers to the assembled health officers, which have also provoked interesting and animated discussions.

All of the full-time county health officers in the state appeared on the program: Dr. J. L. Pomeroy of Los Angeles County, Dr. W. Leland Mitchell of Orange County, Dr. Chas. H. Halliday of Monterey County, Dr. Lucius F. Badger of San Luis Obispo County, and Dr. John J. Sippy of San Joaquin County. The papers presented by these five men were listened to with close attention and marked appreciation. Louis Olsen, health officer of Palo Alto brought to the meeting specimens of printed forms used by the Palo Alto health department and showed, graphically, how such forms are used in daily routine.

Papers on malaria control by Mr. Lenert of the State Board of Health, diphtheria control by Dr. Kellogg, public health nursing by Miss Mary L. Cole, R.N., of the American Red Cross, were of special interest. The distribution and service of milk were discussed by Dr. William Veit of the Los Angeles city health department, and Dr. George Joyce Hall, health officer of Sacramento. Abstracts of papers read at the conference will be printed in this publication from time to time.

Fifty-second Annual Meeting American Public Health Association.

The American Public Health Association extends to the public health profession and others interested, a cordial invitation to attend its Fifty-second Annual Meeting, in Boston, Massachusetts, October 8-11. Headquarters will be at the Copley-Plaza Hotel.

The annual meetings of this association are always important events in the public health world, but the meeting this year is of more than usual interest since it ends the first twelve months of the new program adopted as a result of the association's reorganization in 1922. Two general sessions and twenty-six meetings of the scientific sessions will be held this year. In addition, many trips of technical and general interest have been planned around historic old Boston as part of the entertainment and educational program. On Monday evening, October 8, the formal opening session will be followed by a reception. On Wednesday evening, October 10, Sir Thomas Oliver, distinguished English industrial hygienist, and Dr. George E. Vincent, President of the Rockefeller Foundation, will address the second general session. The scientific program, embracing all branches of public health, will be held according to sections as follows: Public Health Administration, Laboratory, Sanitary Engineering, Vital Statistics, Child Hygiene, Food and Drugs, Industrial Hygiene, Public Health Nursing, Health Education and Publicity.

Among the important subjects scheduled for discussion are papers on food inspection, growth of children, full-time health officers, mental hygiene in the school program, nutrition work, the effect of so-called moonshine liquors, standards for schoolhouse construction and sanitation, epidemiology, better birth registration, organic heart disease, studies on the etiology of common colds, water supply and purification, mosquito control, etc.

An important report of the Committee on Municipal Health Department Practice will be presented in the Public Health Administration Section. At this time the announced plan for the awards to cities for distinctive community service will be discussed. The problems of health officers in small communities will be specially considered at a round table discussion scheduled for Wednesday a.m. The clinic on Printed Matter, which has proved valuable in past years, will be held again this year by the Section on Health Education and Publicity. At this clinic, samples of public health publicity will be examined and criticized by experts. Of special interest also is the report of the Committee on Health Problems in Education of the Child Hygiene Section.

The September issue of the American Journal of Public Health carries the preliminary Annual Meeting program arranged by sections, and the October Journal will contain additional information. Members of the association, travelling by rail to Boston, may secure a reduction of one-fourth the regular round-trip rate.

Digitized by Google

MORBIDITY.*

Diptheria.

129 cases of diptheria have been reported, as follows: Oakland 21, Los Angeles County 6, Los Angeles 39, San Francisco 26, Mendocino County 1, Sunnyvale 2, Whittier 2, Long Beach 4, Brea 1, Inglewood 1, Orange County 3, Fresno 3, Stockton 3, Sonoma County 4, San Leandro 4, San Fernando 4, Berkeley 1, Sacramento 3, Ukiah 1.

Measles.

159 cases of measles have been reported, as follows: Los Angeles 2, Banning 22, San Francisco 104, Los Angeles County 7, Monterey County 7, Sonoma County 4, Fresno 1, Berkeley 3, San Benito County 1, Fort Bragg 3, Los Gatos 2, Whittier 1, Long Beach 1, Oakland 1.

Scarlet Fever.

33 cases of scarlet fever have been reported, as follows: Los Angeles 8, Long Beach 2, Los Angeles County 4, Orange County 1, San Francisco 4, El Monte 1, Alameda 1, Stockton 2, San Diego County 1, San Joaquin County 1, Jackson 1, Fresno 4, Siskiyou County 3.

Whooping Cough.

27 cases of whooping cough have be reported, as follows: Los Angeles 7, Lo Beach 1, Los Angeles County 2, San Francis 8, Riverside 1, Pasadena 1, Tracy 2, Stockt 3, Fresno 1, Berkeley 1.

Smallpox.

4 cases of smallpox have been reported, follows: Los Angeles County 2, Los Angel 1, Alhambra 1.

Typhoid Fever.

11 cases of typhoid fever have been reporte as follows: La Verne 1, Los Angeles Coun 2, Redondo 2, Santa Ana 1, Anaheim 1, Fres 3, Pittsburg 1.

Poliomyelitis.

2 cases of poliomyelitis have been reporte as follows: Los Angeles County 1, L Angeles 1.

Cerebrospinal Meningitis.

Los Angeles reported 1 case of cerebrospi meningitis.

*From reports received on September 1 and 11th for week ending September 8th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 8 received by Sept. 11	Week ending			Repo for w endi Sept. receiv by Sept
	Aug. 18	Aug. 25	Sept. 1		Aug. 19	Aug. 26	Sept. 2	
Anthrax	1	0	2	0	0	0	2	
Cerebrospinal Meningitis	3	1	0	1	3	2	1	
Chickenpox	13	21	41	27	13	18	28	
Diphtheria	116	130	121	129	100	95	86	
Dysentery (Bacillary)	17	7	2	0	2	0	9	
Epidemic Encephalitis	1	3	4	0	1	2	1	
Gonorrhoea	77	62	99	103	75	86	110	1
Influenza	4	5	4	5	6	5	10	
Leprosy	0	0	1	0	0	0	0	
Malaria	8	3	7	1	3	12	6	
Measles	170	167	215	159	9	12	8	
Mumps	5	7	6	2	12	9	14	
Pneumonia	82	16	27	20	29	40	63	
Poliomyelitis	5	3	7	2	0	0	0	
Scarlet Fever	42	43	45	33	32	30	40	
Smallpox	17	17	16	4	15	22	29	
Syphilis	73	86	67	168	100	86	94	1
Tuberculosis	162	183	155	155	143	94	127	1
Typhoid Fever	48	27	24	11	28	27	19	
Whooping Cough	86	53	36	27	59	47	34	
Totals	930	834	879	847	630	587	681	6

CALIFORNIA STATE PRINTING OFFICE, SACRAMENTO

27543 9-23 3M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 32 SEPTEMBER 22, 1923 GUY P. JONES EDITOR

How to Care for Milk in the Home.

Take milk into the house without delay and keep it cool, preferably by putting it at once into an ice box. In summer milk left out of doors will warm up quickly, causing it to sour early, and if filth bacteria are present, to become unfit for food. Moreover, as the milk grows warm it expands and leaks around the cap of the bottle, thus attracting flies and [illegible]bly also inviting visits from cats and

[illegible]inter while milk keeps cold out-of-doors, it expands when it freezes and forces out the cap, thus exposing the top portion of the milk to the dust of the streets and to animals.

If milk is not delivered in bottles, which it should be, a Mason jar, or some other *covered* receptacle, should be supplied for it to be poured into. Do not put out a pitcher or any other uncovered receptacle.

Keep milk cold. Careless housewives often allow milk to spoil that was delivered to them in prime condition by letting it stand for a long time in a hot kitchen or dining room.

The colder milk is kept, the longer it will keep. Therefore, do not leave milk where it will get warm. If possible, put the receptacle directly against the ice. If this can not be done, put it in the compartment of the ice box directly beneath the ice chamber, for the air circulating through the ice chest is coldest directly after it passes over the ice. If no ice box is used, keep the milk as cool as possible by putting it in the cellar, or by wrapping the bottle or other container in a damp cloth and setting it out of the direct sunlight in a current of air.

Milk should not be placed in the same compartment with onions, strawberries or similar food, as it absorbs odors very readily. As an aid in preventing the absorption of such odors, keep the cap on the milk bottle while it is in the ice box unless the cap is torn or dirty, in which case a tumbler or cup may be inverted over the mouth of the bottle.

Keep the refrigerator very clean and see that the drain pipe and the shelf which catches the drip from the ice are kept free from slime. Brushes are made especially for cleaning the drain pipes of ice boxes.

Wipe off the cap and neck of the bottle before opening it. The top of a milk bottle is exposed to dirt, dust and flies during transportation and is handled, moreover, by the driver, whose hands can not well be kept clean while he is on his route.

Milk bottles, after being emptied, should be washed. All dairymen are required to wash their bottles at the dairy, but unless bottles are rinsed thoroughly in the home it is very difficult to remove the film of milk that sticks to the glass.

Milk bottles should be used for milk only. To put vinegar, molasses, kerosene or other substances into them is unfair to other customers, and to the dairyman. The bottle that is in your home today will be in some other home

Digitized by Google

tomorrow. Do as you would be done by. In some places the use of milk bottles for anything other than milk is forbidden by law.

A bottle cap can be removed easily with a fork or other sharp-pointed instrument, but care should be taken that the cap is not forced down into the milk. The practice of pushing the cap down with the thumb is a fifthy one, and so is the habit of drinking milk from the bottle.

Milk that has been in the sick room should not be used by well members of the family, for milk is very easily infected with certain disease organisms which multiply rapidly therein, and therefore is peculiarly likely to serve as a carrier of communicable disease.

If you buy milk at a store, be sure that it is fresh, that it has been kept in a clean place and that it has been kept cold.

Vacuum bottles may be safely used for keeping milk cold for many hours. They are particularly convenient for maintaining milk at a low temperature while traveling. But vacuum bottle should never be used for keeping milk warm, for rapid growth of germs will inevitably take place.—New York State Department of Health.

Woman Fined for Breaking Quarantine.

A woman residing in Pasadena, whose home was under quarantine because of scarlet fever, was fined recently in police court for violation of quarantine regulations.

She took her entire family to the sea coast to visit relatives, and as a result was charged by Dr. F. W. Hodgdon, Jr., City Health Officer, with violation of the quarantine law. The court imposed a fine of twenty-five dollars, which was suspended, but not without a warning. The Pasadena health department shows that it is active in the enforcement of quarantine measures and its action in this matter will go far in commanding local respect for the law.

Bulletins Ready for Distribution.

Bulletins on the disposal of domestic sewage, rural and resort sanitation can be obtained now from the California State Board of Health, Bureau of Sanitary Engineering, University of California, Berkeley. The first named publication is a new edition of a bulletin first issued several years ago.

Considerations In Typhoid Control.

In his paper "Some Considerations In The Control of Typhoid Fever," presented at the annual conference of California health officers at Coronado, Dr. W. Leland Mitchell, health officer of Orange County said:

"Every community presents a different typhoid control problem. The large city is in a position to deal with sanitation in a way quite different from small towns and rural districts. Not only are the problems different in large cities, and in small towns and rural districts, but different problems arise in different parts of the country.

After a city reaches a certain size it becomes obliged to provide means for adequate sewage disposal for the people living therein. This is not always done because the health of the community is involved, but many times because the comfort of the people is enhanced by such improvement. Larger cities, too, afford protected water supplies and the danger of infection by this route is reduced to nil. They provide for adequate milk and food inspection and control, and epidemics arising from these sources are infrequent and rarely of any magnitude. Cities provide health supervision by trained epidemiologists and the danger of the spread of typhoid by contact is in large part checked.

Small towns and rural communities, however, are not so richly endowed, and, consequently, are not so adequately protected. Here is a fertile field for the rural health officer. In most small [redacted] there are a few people or gro[redacted] organizations who are interes[redacted] in the betterment of their community. If their interest is not entirely from the health standpoint, it may be from the standpoint of community pride. It is well known that small communities may be appealed to from this angle when all other means fail. Morbidity and mortality rates mean little to the small town inhabitant, but anything that will conduce to an argument whereby the peculiar advantages of his community may be promoted, whether it be an adequate sewage disposal system, good water, or a reliable milk supply, is a language he understands.

Typhoid fever may be termed a rural disease. As one goes from the city toward the rural districts, the incidence of typhoid per given number of population increases. There is a greater liability to it, because there is less protection against it.

Not only is the incidence higher and the liability greater, but adequate health

Digitized by Google

supervision in rural communities is more difficult. The dweller in a rural district is called upon to provide his own sanitary environment. His success depends upon his knowledge of the subject with which he is dealing, and this is too often very meager. In some parts of the country sanitation is pitifully inadequate. In more enlightened communities the rural dweller is more or less familiar with the fundamental laws involving the environmental protection against typhoid.

There are various estimates regarding the percentage of typhoid contracted in the rural districts and developing in the cities, and these estimates run from 30% to 56%. This class of cases makes up a very large portion of the cases occuring in the cities. Thus, the rural districts are responsible not only for the typhoid fever that appears rurally, but for a large portion of that that appears in cities as well.

We are agreed that individuals contract typhoid fever as a result of swallowing something which has been contaminated with the excretions of those who have the disease or are carriers of it. We must agree that if the line of communication between the alimentary tract of the typhoid patient or carrier and the esophagus of the fresh victim were broken there would be no new cases. That this line of communication is apparently more direct in rural districts is manifested by the high ratio of typhoid in these districts. Then, it leaves us too conclude that measures taken against the exchange of excretions in rural communities are of particular importance.

The reasons why this is especially difficult have been touched upon. Just what measures to promote in a given community depend entirely upon the conditions found in that community. The rural health officer must stand in a position to advise and urge those things which will best bring about the object sought. In any case, all feasible measures to break the line of communication between the typhoid patient or carrier and the well individual must be taken. Whether this be by close case supervision, by promoting better sewage disposal, by urging potable water or safe milk supplies, by providing for adequate inspection and control of food, or by vaccination, or any group or all of these methods of fighting the disease, depends on the situation at hand and the means at the disposal of the health officer.

Typhoid vaccination has taken a prominent place in rural health departments in some of the southern state counties. Vaccination en masse is practiced, and people, in particular negroes, are induced to submit to vaccination along the roads, in the fields, or at camp meetings. A large number of vaccinations have been completed in this way. This procedure has, in the south, the peculiar disadvantage that the individual who is vaccinated very often can not understand what has happened to him. However successful vaccination may be it can not do away with proper case supervision and adequate sanitary measures.

The rural health officer who looks into the epidemiology of cases, and his sanitarians who inspect and advise regarding sanitation may, go far in aiding the small community in solving its problem. Probably the most effective means of gaining the result sought is by the education of the small community to its needs and responsibilities. This is usually a slow and tedious process and oftentimes necessitates much patience and tact, but the results, when gained, are gratifying.

Will Inspect and Certify Laboratories.

The California State Board of Health, through its State Hygienic Laboratory, is carrying out a policy of inspection and certification of pathological laboratories.

The plan has been built up on the general powers of the board in the control of communicable disease, to require that certain examinations having a direct public health bearing may be made only in laboratories which are considered by the board to be competent to make such examinations.

The scheme is partly a matter of requirement as mentioned above and partly a matter of voluntary cooperation on the part of the laboratories. Originally intended only to be applied for the insurance of careful work in such diseases as diphtheria and typhoid, it has now been extended, at the suggestion of a number of men engaged in private laboratory work, to include any or all of the public health laboratory procedures.

Laboratories applying for approval will be inspected and certified for all examinations that they appear qualified to carry out. It is not the intention to require the adoption of certain methods, but merely to see that the methods in use are not plainly improper.

The Hygienic Laboratory wishes to be of service by advice and suggestion so that any laboratory desirous of being

Digitized by Google

certified may become eligible if not already in that class. In pursuit of this policy correspondence regarding laboratory practice is invited.

Certificates suitable for framing and subject to annual renewal are issued without charge to approved laboratories. A laboratory subject to inspection may be called upon from time to time to make test examinations as a check on the quality of supervision and technical work in that laboratory. Undobtedly, physicians will, in the future, look for this certificate as evidence of merit.

MORBIDITY.*

Diphtheria.

91 cases of diphtheria have been reported, as follows: Oakland 21, San Diego 1, Los Angeles County 8, San Francisco 20, Sacramento County 2, Contra Costa County 4, Santa Monica 1, Santa Ana 1, Stanislaus County 1, Fullerton 1, Fresno County 2, Glenn County 2, Daly City 2, Petaluma 2, Humboldt County 1, Sacramento 1, Benicia 2, Stockton 2, Santa Cruz 1, Monterey County 1, Long Beach 1, Fresno 1, Ukiah 2, Berkeley 4, Colusa 1, Santa Paula 1, Glendale 2, Alameda 1, Fort Bragg 1, Salinas 1.

Scarlet Fever.

48 cases of scarlet fever have been reported, as follows: San Francisco 9, Santa Monica 1, Santa Ana 2, Santa Clara County 3, Stanislaus County 1, National City 2, East San Diego 1, Hawthorne 1, Livermore 1, Fresno County 1, San Joaquin County 1, Stockton 1, Sacramento 1, Los Angeles County 4, Plumas County 1, Orange County 1, Alameda 1, Monterey County 1, Watsonville 1, Ukiah 1, Berkeley 2, Oakland 9, San Diego 1, Pittsburg 1.

Measles.

109 cases of measles have been reported, as follows: San Francisco 78, Fort Bragg 9, Fresno County 1, South San Francisco 2, Alameda 1, Pomona 1, Manteca 3, San Gabriel 1, Alhambra 1, Solano County 1, Los Angeles County 1, Napa 1, Lompoc 1, Monterey County 2, Long Beach 2, Oakland 3, Salinas 1.

Whooping Cough.

16 cases of whooping cough have been reported, as follows: Contra Costa County 1, Santa Clara County 3, San Gabriel 1, Stockton 1, Los Angeles County 1, Fresno 8, Berkeley 1.

Smallpox.

8 cases of smallpox have been reported, as follows: Chino 1, Alameda County 3, Los Angeles County 4.

Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Redlands 1, Merced County 1, Santa Ana 1, San Joaquin County 2, Berkeley 1, Alameda 1, San Francisco 1, Sacramento 1, San Bernardino County 1, Long Beach 1, Fresno 1, Salinas 2, Modesto 1, California 2.

Epidemic Encephalitis.

San Francisco and Ontario each reported a case of epidemic encephalitis.

Anthrax.

Napa reported one case of anthrax.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Pomona 1, Los Angeles County 2, Long Beach 1, San Diego 1, Ontario 1.

Cerebrospinal Meningitis.

San Diego reported one case of cerebrospinal meningitis.

*From reports received on September 17 and 18 for week ending September 15.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 15 received by Sept. 17	Week ending			Reports for week ending Sept. 16 received by Sept. 19
	Aug. 25	Sept. 1	Sept. 8		Aug. 26	Sept. 2	Sept. 9	
Anthrax	0	2	1	1	0	2	0	0
Cerebrospinal Meningitis	1	0	3	1	2	1	2	1
Chickenpox	21	40	33	23	18	28	21	30
Diphtheria	130	121	156	91	95	86	82	106
Dysentery (Bacillary)	7	2	0	1	0	9	2	3
Epidemic Encephalitis	3	4	0	2	2	1	3	1
Gonorrhoea	62	95	112	56	86	110	138	100
Influenza	5	4	5	2	5	10	3	6
Leprosy	0	1	1	0	0	0	5	0
Malaria	3	8	2	5	12	6	9	8
Measles	167	215	180	109	12	8	7	7
Mumps	7	6	2	2	9	14	15	9
Pneumonia	16	27	54	14	40	63	43	47
Poliomyelitis	3	7	3	6	0	0	3	0
Scarlet Fever	43	45	49	48	30	40	36	42
Smallpox	17	16	6	8	22	29	4	20
Syphilis	86	67	169	61	86	94	130	124
Tuberculosis	183	155	162	88	94	127	167	159
Typhoid Fever	27	23	26	17	27	19	20	35
Whooping Cough	53	36	39	16	47	34	61	37
Totals	834	874	1003	551	587	681	751	735

CALIFORNIA STATE PRINTING OFFICE, SACRAMENTO

27543 9-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 33 SEPTEMBER 29, 1923 GUY P. JONES EDITOR

THE VALUE AND NECESSITY OF SUPERVISION OF PUBLIC HEALTH NURSING.*

MARY L. COLE, R.N., Director Nursing Service, Pacific Division, A. R. C.

The question has frequently been raised concerning the necessity of supervision of public health nurses in the field. It has been suggested that if a nurse is a graduate of an accredited school in good standing with her profession and has had further instruction and experience in her particular work, that she should be able to carry on *without* supervision. It is our intention to take up in succession the reasons we believe supervision is necessary and valuable, first to the nurse, second to the community, and last to the county health officer.

To the Nurse—It has been the experience of the directors of various nursing services of the Red Cross that the nurse who welcomes most eagerly the visit of the nurse adviser is ordinarily the nurse who has the best educational background, who has had a post-graduate course in public health nursing, and who increasingly feels that her knowledge and experience are really inadequate to meet the demands that are made upon her.

Naturally the experience the Red Cross has had with public health nursing has been gained from the work of the nurses in rural communities, as it is in these districts that nearly all of the Red Cross nurses are employed. Frequently a public health nurse is placed in an isolated community where there are few people who have a real interest or knowledge of what the nurse is trying to accomplish. There is often much opposition to the work and more often still very little encouragement. The nurse may be very well trained and equipped for her job, but, placed as she is on her own responsibility, she is glad of the interest and inspiration which the advisory nurse can bring her. She can carry to the nurses in the field first hand hints of what other public health workers are doing in other fields, and an understanding of how problems similar to theirs are handled. The advisory nurse can help to standardize the work of the public health nurses in the state. She is qualified to give detailed supervision of the technique employed by the nurses and especially to see that the ethics of the profession are not violated. Such necessary details as personal appearance and conduct can be kept up to the mark by the visits of an advisory nurse. She can tactfully point out to the nurse just where she can strengthen her service to best advantage. She can frequently make contacts with individuals or organizations where the nurse has either not been able to accomplish this, or has ignored, or been blind to the value of such contacts. The advisory nurse is able to discern where a nurse is a failure in a given

*Read at Annual Conference of California Health Officers, Coronado, September 14, 1923.

Digitized by Google

community and where she might be extremely successful placed in a different environment. Such details as religion, nationality and temperament all have a bearing on the fitness of a nurse for a particular community. If the nurse is a misfit the supervisor is in a position to make a change in the placement of the nurse before the situation becomes strained and the community is convinced that public health nursing is a failure.

To the Community—There are comparatively few communities in the United States today which have not had some experience with public health nursing. However, there is yet a woeful lack of understanding of what is to be expected of the nurse when she takes up her duties as a public health worker. Some people are inclined to think that she is determined to force her way into the schools to declare that all children should have their tonsils and adenoids removed without delay. It is to combat this ignorance of the underlying principles of public health nursing that an advisory nurse who is traveling from one community to another is prepared. If she can convince the people, the parents of the children and the teachers in the schools that her one desire and aim is not just to weigh Johnny and announce to the world that he is so many pounds underweight—but to interest the parents through Johnny himself in his own physical development, she has done much.

The advisory nurse can help to educate the community to an appreciation of what to expect from the public health nurse as well as what is reasonable for the public health nurse to expect from the community. She can also best judge by a preliminary survey just what type of nurse as to creed, race and personality will best fit in a given community. If the nurse is left to find her position in a haphazard manner, waste of time and money is sure to follow.

The advisory nurse can render valuable service in helping various organizations work out a joint system of financing, and when the value of the service has been demonstrated successfully, can help to arrange for its assumption by the proper authorities.

The Red Cross chapters are organized parts of the whole Red Cross structure and the various activities undertaken by a chapter must be in harmony with the general policies and standards maintained by the national organization. This certainly does not mean that services rendered by a public health nurse, which are more or less professional in character, should be under lay direction, but the interest of the people of the community must be maintained if the service is to continue.

The advisory nurse helps to get together committees of citizens who are actively interested in health education. These of course should be representative people who will act when occasion arises. We have had to bear in mind that it is the local people who are most concerned and who must be convinced of the value of the work, since they are the ones who will be called upon to pay the bills.

In Red Cross service the division office stimulates interest in public health nursing, maintains standards, assists its chapters to establish services and outlines the policy. If chapter funds are used for the entire or joint support of a public health nursing service, the nurse is subject to the supervision of the director of the Red Cross nursing service.

The ideal arrangement which we can hope will materialize some day will be to have the work of the nurses standardized under the State Board of Health, with a state supervising nurse who can give supervision to the matters best understood by a trained woman. We have heard objection to this plan on the grounds that this work then loses much of its spontaneity and value when too closely associated with a state department, but the increased efficiency which should result ought to offset this objection.

To the County Health Officer—It has been our experience, unfortunately, that most frequently the health officer is able only to give part time to his duties in this capacity. This means that he probably has an exacting private practice, besides, which keeps him very much occupied. While in a general way he may give some direction to the work of the local public health nurse, he is ordinarily far too busy to see to details.

We feel that the advisory nurse, working in cooperation with the public health officer, can take a great deal of this responsibility off his shoulders. She is in a position by wise direction to help the nurse how best to serve the public health officer. She can frequently help the health officer also to understand what the public health nurse is attempting to do.

We have found that some public health officials who have not been medical men have welcomed the nurse very warmly, but have seen her only as a convenient person to attend to necessary quarantine enforcements. While the nurse can certainly bring to the attention of the health

Digitized by Google

officer the presence of symptoms of quarantinable disease, it must also be borne in mind that a trained, experienced worker should be used in a way to secure the greatest amount of service for the least expediture of time and money, and with a minimum of duplication of effort.

As long ago as 1920 the writer, in a letter to the executive secretary of the State Board of Health of California, expressed her sentiments in regard to the desirability for supervision of public health nursing as follows:

"It would certainly be detrimental to the best development of public health work as a state-wide unit, to have it go on as too many independent undertakings. Certainly the Red Cross is willing and anxious to make all its Red Cross public health nursing service a very intimate and organic part of the state when it is ready to assume this responsibility."

We, as an organization, basing our opinion on an experience extending over a number of years, are convinced that the public health nurse has come to stay and that there is definite, valuable work which she can do. However, we also believe that she is yet too new to her responsibilities to be left in the field, no matter how well qualified she may be, without adequate supervision.

A HEALTH INVENTORY.

Indefinite prolongation of his life is the primary instinct of man. The story of the rich man crying, "A million of money for an inch of time in which to die" is but a feeble picture of the instinct to live, whereby, physically speaking, we are never quite ready to part with life.

In spite of this great urge to continue physical life as long as possible—there are none of our possessions with which we are so prodigal as the riches of physical health. Not until disease, age, decay, death, one or all come stealthily knocking at the door does the average individual rightfully value and adequately conserve health.

The medical profession has it within their power to lengthen the average span of life twenty years or more. The nation-wide movement now maturing whereby it is proposed to bring millions of people to take advantage of this medical knowledge should have the encouragement of every agency interested in human welfare.

The annual (or oftener) physical examination by a competent physician will add useful years to your life and your continued or renewed health will aid to spread comfort and cheer among your family and friends. Be examined.—Health, Dayton, Ohio. Municipal Bulletin.

Top Minnows Rout University of California Farm Mosquitoes.

Early in May, 1923, at the request of the director of the University Farm, at Davis, the California State Board of Health sent to him a number of Gambusia affinis (top minnows) for distribution in the control of mosquitoes along Putah Creek, near the farm. The increase in the number of minnows, distributed in the many pools along the creek, has been remarkable. The report from the farm states:

"We have been unable to find any mosquitoes along this stream this summer. The seepage from the irrigation ditches has kept the pools filled all summer and the overflow from the ditches has also gone down stream carrying some of the minnows with it; therefore, we have had a distribution of the minnows over several miles in the old Putah Creek channel. It may be that conditions were ideal for the minnows this summer, but from observations we have made they seem to have great possibilities, as very few of them planted early in the summer will keep a pond free from mosquitoes and other small insects. It will be interesting to watch how they withstand the floods this winter. I shall be glad to make a report to you on this next spring."

Poliomyelitis Is More Prevalent Now.

Poliomyelitis has not been unusually prevalent in California at any time since 1915, but it now appears that an unusual number of cases are occurring within the state at the present time. Seven cases were reported last week, making the total number of cases reported during the first three weeks of September, 18. There were 23 cases reported during August.

Health officers are urged to do all that may be possible to secure reports of all cases of poliomyelitis and of all cases that may be suspected as cases of this dread disease. Prompt reporting of cases is, essentially, the first step in the control of this disease, and unless suspected cases are reported and investigated, the control of poliomyelitis is made much more difficult.

Digitized by Google

THE CHILD IS THE STATE.

The child is the state, because in the child is the hope of the state and wrapped up in the child are the individual hopes and interests of every citizen of the state. There is no more important work than that of providing proper environment and living conditions in the home in which the child starts its life career. As Eugene Field has so well said—

"It's right that the old should die, but that a little harmless child
Should miss the joys of life and love, that can't be reconciled."—Indiana State Board of Health.

MORBIDITY.*

Diphtheria.

182 cases of diphtheria have been reported, as follows: Los Angeles County 19, Los Angeles 33, San Francisco 30, Oakland 30, Berkeley 10, Stockton 6, Monterey County 1, San Fernando 1, Sonoma County 3, Santa Clara County 1, San Luis Obispo County 2, San Bernardino 1, San Joaquin County 2, Sacramento 2, Fort Bragg 1, Orange County 1, Ukiah 2, Selma 2, Contra Costa County 6, Glendale 5, Whittier 1, Marin County 1, Santa Rosa 2, Richmond 3, San Luis Obispo 4, East San Diego 2, Ontario 3, Long Beach 2, Fresno County 3, Bakersfield 2, Siskiyou County 1.

Measles.

285 cases of measles have been reported, as follows: Sonoma County 87, San Francisco 152, San Luis Obispo County 9, Fort Bragg 5, Los Angeles 3, Santa Clara County 1, Selma 1, Richmond 3, Los Angeles County 1, Berkeley 3, San Gabriel 1, Oakland 2, Stockton 1, Tracy 1, Eureka 4, Palo Alto 2, Tehama County 1, Modesto 1, Salinas 7.

Scarlet Fever.

49 cases of scarlet fever have been reported, as follows: San Francisco 7, Los Angeles 14, Los Angeles County 5, Oakland 3, San Luis Obispo County 1, Pomona 1, Manteca 1, Sacramento 1, East San Diego 2, Livermore 1, Orange County 2, Solano County 1, Redlands 1, Long Beach 1, Fresno County 4, Bakersfield 1, Madera County 3.

Whooping Cough.

35 cases of whooping cough have been reported, as follows: San Francisco 8, Oakland 3, San Luis Obispo County 2, Los Angeles 4, El Segundo 2, Alhambra 2, Alameda 1, Berkeley 2, San Joaquin County 2, Merced County 3, Eureka 1, Santa Monica 1, Pasadena 3, Long Beach 1.

Smallpox.

8 cases of smallpox have been reported, as follows: Los Angeles County 6, Glendora 2.

Typhoid Fever.

16 cases of typhoid fever have been reported, as follows: Tulare County 1, Los Angeles 1, South Pasadena 1, Los Angeles County 1, San Joaquin County 1, California 5, Burbank 1, Redlands 1, Sutter County 1, Ontario 2, Fresno County 1.

Poliomyelitis.

11 cases of poliomyelitis have been reported, as follows: Los Angeles County 4, Los Angeles 3, Ontario 3, San Bernardino County 1.

Cerebrospinal Meningitis.

Los Angeles reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, San Francisco and Upland each reporting one case.

*From reports received on September 24th and 25th for week ending September 22d.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 22 received by Sept. 25	Week ending			Reports for week ending Sept. 23 received by Sept. 26
	Sept. 1	Sept. 8	Sept. 15		Sept. 2	Sept. 9	Sept. 16	
Anthrax	2	1	1	0	2	0	0	0
Cerebrospinal Meningitis	0	3	1	1	1	2	1	2
Chickenpox	40	33	28	31	28	21	32	34
Diphtheria	121	156	124	182	86	82	122	128
Dysentery (Bacillary)	2	0	0	1	9	2	3	1
Epidemic Encephalitis	4	0	3	2	1	3	3	0
Gonorrhoea	95	112	92	163	110	138	106	82
Influenza	4	5	9	9	10	3	6	13
Leprosy	1	1	0	0	0	5	0	1
Malaria	8	2	5	14	6	9	9	18
Measles	215	180	130	285	8	7	9	3
Mumps	6	2	7	7	11	15	10	19
Pneumonia	27	54	30	31	63	43	40	45
Poliomyelitis	7	3	8	11	0	3	0	3
Scarlet Fever	45	49	61	49	40	36	46	62
Smallpox	16	6	10	8	29	14	20	7
Syphilis	67	169	140	70	94	130	125	80
Tuberculosis	155	162	165	142	127	167	170	129
Typhoid	23	26	26	16	19	20	36	33
Whooping Cough	36	39	44	35	34	61	37	32
Totals	874	1003	884	1057	681	751	784	691

CALIFORNIA STATE PRINTING OFFICE

543 9-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 34 OCTOBER 6, 1923 GUY P. JONES EDITOR

Infantile Paralysis Demands Attention.

Poliomyelitis (infantile paralysis) is more prevalent in California at the present time than it has been since 1912, when 531 cases with 129 deaths occurred, with the single exception of the year 1921 when 282 cases were reported. In view of the considerable number of cases now in the state and because of the fact that these cases are scattered, the California State Board of Health believes that the situation deserves the incessant activity of every health officer in the state and the full support of the general public in order that a widespread epidemic such as that of 1912 may be prevented.

Following is a table, showing the number of cases that have been reported in California since the first of July together with the names of the localities in which these cases have occurred.

POLIOMYELITIS.

Cases reported in July, 1923.

Los Angeles County—	
Belvedere Gardens	1
Santa Monica	1
Los Angeles	2
Riverside County—	
West Riverside	1
San Bernardino County—	
Chino	1
Redlands	1
San Diego County—	
San Diego	1
Total	8

POLIOMYELITIS.

Cases reported in August, 1923.

Alameda County—	
Berkeley	1
Kern County—	
Bakersfield	1
Kings County	1
Hanford	1
Los Angeles County	2
Glendale	1
Los Angeles	6
Pasadena	1
San Fernando	2
Mendocino County—	
Fort Bragg	1
Napa County	1
Sacramento County—	
Sacramento	1
San Bernardino County—	
Ontario	1
Redlands	1
San Francisco	1
Total	22

POLIOMYELITIS.

Cases reported in September 1–16, 1923.

Los Angeles County—	
San Gabriel	1
Puente	2
Bellflower	2
Belvedere Gardens	2
Long Beach	1
Los Angeles	4
Pomona	1
Redondo	1
Riverside County—	
Blythe	1
San Bernardino County—	
Cucamonga	1
Highland	1
Ontario	4
San Diego County—	
San Diego	1
Total	22

Digitized by Google

Poliomyelitis (infantile paralysis) is a disease of children, although it occurs commonly in adults. The disease may also be spread by adults, as well as by children, who are apparently in good health. Paralysis does not occur in all cases. Many persons afflicted with the disease show no symptoms of paralysis. Contacts with such cases may contract the disease in severe form, however.

Because of the fact that the disease may be spread by adults as well as by children, it is important that all sick persons who do not belong to the immediate family be kept out of the house. Children should not be allowed to play with other children or adults who are not entirely well. It is best to keep children off the streets and children of pre-school age should be kept at home. The best way to avoid poliomyelitis is to keep away from any person, young or old, who may be sick.

In communities where poliomyelitis (infantile paralysis) is present, if any child shows symptoms of illness whatsoever, he should be removed from other members of the family and no visitor should be allowed to enter the house. Steps to ascertain the diagnosis of the case should be taken without delay. This procedure should be followed whether the child shows symptoms of a common cold, intestinal disturbance, nervousness or any other symptom of illness. The disease may first show itself in a wide variety of forms. For this reason it is essential that any case of illness in a child, particularly, be regarded as serious, until proved otherwise.

Every case of poliomyelitis (infantile paralysis) must be quarantined for a period of three weeks and all children who may have come into contact with a case of the disease must be isolated for two weeks.

Nose and throat discharges should be collected in soft cloths or paper napkins and burned immediately. Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution or such other disinfectant as the physician may recommend. It is of the greatest importance that all nose, throat and bowel discharges be destroyed or disinfected without delay. The transmission of such discharges are responsible for the spread of the disease.

In the last widespread outbreak of poliomyelitis in California half of the 531 persons who contracted the disease were paralyzed and one-quarter of those suffering from the disease died. It is one of the most serious of children's diseases and wherever it exists the full cooperation of the general public is of the utmost necessity in keeping the disease in check and preventing it from assuming an epidemic form.

In the United States in 1916, there were 29,000 cases with 6,000 deaths. Fortunately, California escaped a widespread epidemic during that year. In fact, relatively few cases have been reported in California for more than ten years. For that reason, if for no other, the California State Board of Health believes that the present situation with regard to the increased prevalence of the disease within the state requires the careful attention of health officers and of the general public.

To keep this disease under control, wherever it may be epidemic, the following procedures are essential:

1. Keep children away from other children.
2. Permit no sick person, young or old, in the house where there are children.
3. Keep children off the streets.
4. Regard every case of sickness in a child, no matter what the symptoms may be, as a case of serious illness until it is proved otherwise.
5. Isolate all sick children without delay until the nature of the illness is determined.

The Hygiene of Country Schools.

The little red school house has been the means of spreading colds and measles; of injuring eyes by small, poorly placed windows, and of breeding a dislike for school by lack of facilities for play, indoors and out. Taliaferro Clark in the October issue of HYGEIA points out that many country school children are required to attend schools that are inadequate for health or education. They are largely denied the medical and surgical attention by specialists so easily had by city school children. They do not receive the benefits of general sanitary measures such as a good water supply and the safe disposal of human excreta. They are unduly exposed to endemic diseases, such as chronic malaria and hookworm. There are about 186,000 one-teacher rural schools in this country. Many of these buildings are old, in bad state of repair, and designed without regard to the hygienic needs of children. Some of the principal points in need of attention are heating and ventilation, proper illumination and medical inspection. The educational facilities provided by a community may be considered an index of community culture and prosperity. Investigations have shown that a

Digitized by Google

large proportion of the sickness and loss of economic efficiency in country districts is due to prevailing endemic diseases, such as malaria, hookworm, trachoma and typhoid fever. The importance of health supervision in the schools and the teaching of health habits on a community-wide basis can hardly be overestimated.

Summary Methods of Control of Epidemic Poliomyelitis (Infantile Paralysis).

To prevent the spread of infantile paralysis and to avoid contracting it observe the following:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being 20 per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

TO HEALTH OFFICERS.

Special Bulletin No. 15 on Poliomyelitis gives the rules and regulations for the prevention of this disease.

Period of quarantine shall not be less than 3 weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts, especially in children where a strict quarantine should be maintained for a period of 2 weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.

Tuberculosis—Its Causes and Prevention.

A century ago not less than three hundred of every hundred thousand inhabitants in our cities died each year from consumption. At present many cities are reporting rates of from eighty to one hundred. The origin of this devastating plague is lost in the mists of prehistoric ages. Certain it is that at the time Moses was establishing a traveling hierarchy somewhere east of Suez and rumors of the Red Sea disaster were filtering slowly up and down the banks of the Nile, there were plenty of persons who coughed chronically, expectorated frequently, discharging often a blood-streaked phlegm, were bright eyed and feverish, and wasted away finally to die in extreme weakness. And it is certain that there were others with sagging spinal columns and hunched backs, and some with locked hip-joints, who went through life with shortened thighs, all of them suffering from what we now know to be forms of one and the same disease. With these words Dr. E. R. Long, in the October issue of HYGEIA, opens a fascinating story of the history of the causes and prevention of tuberculosis.

Prior to the time of Villemin and Koch the disease was thought by most people to be hereditary. Today we know that the main reason why it so often runs in families is that the sick members infect the well. Since 1900, it has been known that in cities few or no persons escape infection, so great are the opportunities for infection, yet comparatively few get sick from the infection. The reasons for this escape concern what is known as susceptibility, the factors in which are manifold, partly inherited and partly acquired. The fight against the disease depends on the avoidance of infection and the factors that lead to increased susceptibility.

Start Public Health Nursing in Japan.

Public health nursing is to be established in Japan, under the direction of Miss Mary D. Barnes, R. N., who sails for Tokio, October 18th. Home Minister Goto has recently become interested in public health nursing, which is a distinct innovation in Japan, and is giving his active support to the new work.

Miss Barnes will organize Japanese nurses who will work in connection with the Episcopal Mission at St. Luke's Hospital, Tokio.

Digitized by Google

MORBIDITY.*

Diphtheria.

126 cases of diphtheria have been reported, as follows: San Francisco 23, Los Angeles County 11, Los Angeles 34, Berkeley 11, South San Francisco 2, Tuolumne County 2, Mountain View 1, San Leandro 1, Santa Cruz County 1, San Benito County 1, Burlingame 1, San Fernando 1, San Gabriel 2, Whittier 1, Yolo County 3, Long Beach 3, Plumas County 1, Orange County 1, Sacramento 3, San Joaquin County 2, Oakland 21.

Measles.

158 cases of measles have been reported, as follows: San Francisco 117, Alameda 8, Monterey County 12, Berkeley 3, Long Beach 1, Sunnyvale 2, San Luis Obispo County 1, Pasadena 1, Los Angeles 3, Hillsborough 2, San Leandro 1, Los Angeles County 1, Alhambra 1, Manteca 1, Oakland 4.

Scarlet Fever.

44 cases of scarlet fever have been reported, as follows: Los Angeles 10, San Francisco 5, Tuolumne County 1, Oxnard 1, Pomona 2, Los Angeles County 4, Yolo County 3, San Leandro 2, Long Beach 1, Orange County 4, San Joaquin County 1, San Benito County 2, Stockton 2, Oakland 5, San Diego County 1.

Whooping Cough.

19 cases of whooping cough have been reported, as follows: San Francisco 7, Los Angeles 5, Los Angeles County 2, Riverside 1, Alameda 1, Long Beach 1, Sacramento 1, Oakland 1.

Smallpox.

14 cases of smallpox have been reported, as follows: Los Angeles 7, Fillmore 2, Hermosa Beach 2, Los Angeles County 2, Orange County 1.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Berkeley 1, Yolo County 2, Los Angeles 1, Los Angeles County 1, Long Beach 1, Sacramento 1, Roseville 1, Riverside 1, Oakland 1, California 1.

Poliomyelitis.

13 cases of poliomyelitis have been reported, as follows: Los Angeles 6, South Pasadena 1, Los Angeles County 5, San Joaquin County 1.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

Rabies (Human).

Los Angeles reported one case of human rabies.

*From reports received on October 1st and 2d for week ending September 29th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 29 received by Oct. 2	Week ending			Reports for week ending Sept. 30 received by Oct. 3
	Sept. 8	Sept. 15	Sept. 22		Sept. 9	Sept. 16	Sept. 23	
Anthrax	1	1	1	0	0	0	0	0
Cerebrospinal Meningitis	3	1	1	0	2	1	2	5
Chickenpox	33	28	35	20	21	32	34	25
Diphtheria	156	124	194	126	82	122	144	117
Dysentery (Bacillary)	0	0	1	0	2	3	6	0
Epidemic Encephalitis	0	2	2	1	3	3	2	0
Gonorrhoea	112	92	170	80	138	106	85	89
Influenza	5	9	13	9	3	6	15	8
Leprosy	0	0	0	0	5	0	1	0
Malaria	2	5	16	3	9	9	18	8
Measles	180	130	292	158	7	9	3	7
Mumps	2	7	8	3	15	10	19	23
Pneumonia	54	30	32	23	43	49	67	36
Poliomyelitis	3	9	12	13	3	0	3	1
Rabies (Human)	0	1	0	1	0	0	0	0
Scarlet Fever	49	61	62	44	36	46	70	63
Smallpox	6	10	8	14	4	20	10	4
Syphilis	169	140	81	100	130	125	81	100
Tuberculosis	162	165	169	113	167	170	136	105
Typhoid	26	26	20	11	20	36	38	27
Whooping Cough	39	44	41	19	61	37	35	26
Totals	1002	884	1158	738	751	784	769	644

CALIFORNIA STATE PRINTING OFFICE

27543 10-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 35 OCTOBER 13, 1923 GUY P. JONES EDITOR

Poliomyelitis Situation Grows More Acute.

Twenty-two new cases of poliomyelitis (infantile paralysis) were reported in California last week, making the total number of cases reported during the last four weeks as 59. Of the new cases reported last week the distribution is as follows: Los Angeles City 8, Duarte 1, El Monte 1, Belvedere 3, Lankershim 1, Newhall 1, Huntington Park 1, Long Beach 1, Anaheim 1, Upland 1, Dunsmuir 1, Sacramento 2.

Cases of the disease have been reported in every county of southern California with the exception of Imperial, Ventura and Santa Barbara counties. While the disease is more prevalent in the southern end of the state at the present time, sporadic cases are occuring in other parts of California. It is certain that in those sections of the state where the disease may be epidemic that many unrecognized non-paralytic cases are occuring. It is of the greatest importance that every effort be made for determining the nature of all cases of illness in children in every locality where poliomyelitis is being reported. Since the onset of the disease is associated with a wide variety of symptoms, it is essential that all cases of illness in children residing in those communites where poliomyelitis is prevalent, be subjected to most careful diagnosis. It is common for patients to suffer from fever and gastro intestinal disturbances for several days before paralysis may appear. In other cases there is no sign of illness until the patient awakens in the morning, acutely ill and paralyzed. There are a great many cases of poliomyelitis in which the symptom of paralysis does not appear. These unrecognized cases constitute tremendous factors in the spread of the disease. For this reason, no constructive plan in the community control of poliomyelitis can be definitely effected unless such plan provides for the control of all cases of illness in children, of whatever nature, during the period that poliomyelitis is present in epidemic form.

It is essential that all cases of the disease be reported by attending physicians to health officers without delay. Wherever the disease is present, the parents of children who may be ill should be advised to isolate all cases of illness until diagnosis is definitely established. Young children should be kept at home and since carriers are known to play a role in the spread of the disease, it is a wise procedure to prevent contact between children in the family and all visitors.

In the light of present knowledge relative to the disease it is important that all nasal, mouth, bladder and bowel discharges be disinfected immediately. All excreta should be cared for with the same degree of care as excreta in typhoid fever are cared for. Physicians

Digitized by Google

and nurses should exercise the same precautions that are used in connection with cases of scarlet fever. The quarantine period for poliomyelitis was fixed as three weeks by the California State Board of Health at its meeting of October 6, 1923. It is provided further that all contacts must be isolated for a period of two weeks.

Eleventh Death From Rabies This Year, Reported.

It is not pleasant to think that eleven human beings have died in California of rabies, since the first of the year. Furthermore, it is a distinctive reflection upon the citizens of those communities where these deaths have occurred. All of these fatalities resulted from bites of rabid dogs and each death was actually preventable. It seems that in some communities no steps are taken to control this truly horrible disease, in spite of the fact that the deaths of human beings are directly traceable to this "lassez faire" policy. Wherever the dog population is placed under control, rabies can be checked. That the dog population can be controlled has been demonstrated time and again in many California communities.

In spite of these eleven tragic deaths, printed references to "mad dog scares" are encountered frequently, and in some places extremely serious conditions are only regarded frivolously. It is impossible for the state board of health to accomplish this control work in every community where it is needed. It can do little else than to advise concerning the necessary procedure. Many warnings of the increased prevalence of rabies in the state have been printed by the board during the past year. In spite of these warnings, in some places no action has been taken in the control of the disease. It is likely that the rabies situation will grow worse instead of better during the coming winter months. Contrary to popular belief the disease is not confined to the summer. Very often, it is more prevalent during the winter. Unless definite action in checking the advance of rabies is undertaken in some sections of the state, the human death toll from this agonizing disease is likely to increase during the coming months.

Automobile Camp Ground Regulations Amended.

At a meeting of the California State Board of Health held in San Francisco October 6th, Section 12 of the regulations governing camp ground sanitation adopted originally on December 4, 1920, was added to the regulations. The new section pertains to the construction and maintenance of buildings and is intended to cover the growing demand for building standards in camp grounds where permanent structures are being erected. The traveling public is demanding more elaborate equipment and as a result cabins and cottages are being provided in many parts of the state. It is believed that the advance from tents and rough shelters to more permanent, easily cleaned structures will prove a benefit to travelers and proprietors of camp grounds as well. That definite standards in construction and maintenance must be observed goes without saying. The new section of the regulations follows:

CONSTRUCTION AND MAINTENANCE OF BUILDINGS.

Section 12. If cottages, cabins, dwelling houses or other buildings to be used for human habitation are erected in any public camping ground, the following minimum requirements in their construction shall be observed:

NOTE.—In addition to observing these requirements, all local building ordinances must be complied with.

1. All floors shall be raised at least 18 inches above the ground and space underneath shall be kept free from obstruction.

2. All floors shall be constructed of tongue and groove material.

3. Interior walls shall be of surfaced lumber or other material that may easily be kept clean and shall be constructed so that they may always be kept in a thoroughly clean condition.

4. No room used for sleeping purposes shall have less than 500 cubic feet of air space for each occupant.

5. The area of window space in each sleeping room shall be equal to at least one-eighth of the floor area of the room.

6. Windows of sleeping rooms shall be so constructed that at least half of each window can be opened.

7. Cooking shall not be permitted in any sleeping room.

8. If kitchen is provided, it must be equipped with running water and a sink connected with a sewerage system, septic tank or a covered cesspool. Kitchen

Digitized by Google

must be screened against flies and mosquitos.

9. If private toilet is provided it must be water-flushed and connected with a sewerage system or septic tank. Room containing such toilet must have window opening to the outside air and its floor must be constructed of impervious material.

10. If bath room is provided it must have an impervious floor and must have window opening to outside air. Bath and lavatory must be connected with sewerage system, septic tank or cesspool.

11. Covered metal garbage containers must be provided; at least one for every two buildings.

12. Buildings shall be cleaned daily and after each occupancy shall be thoroughly cleaned. If bedding is provided it must be kept in a clean condition.

Dr. Charles H. Halliday Appointed Epidemiologist.

Dr. Charles H. Halliday, Health Officer of Monterey County, has qualified as epidemiologist under Civil Service regulations and has been appointed to that position by the California State Board of Health. Dr. Halliday succeeds Dr. Frank L. Kelly, who is now a member of the faculty of the department of hygiene of the University of California and city health officer of Berkeley.

Dr. Halliday was for many years connected with the Minnesota State Board of Health and has had exceptional opportunities and practical experience in the control of the communicable diseases. During the world war and following its termination he was engaged in epidemiological work in Poland and Russia. His acquisition to its staff is valuable to the California State Board of Health.

New Communicable Disease Regulations Adopted.

New regulations for the control of communicable diseases were adoted by the California State Board of Health at its meeting held in San Francisco October 6, 1923. These regulations are now being printed and will be ready for distribution shortly after October 15th. Copies will be sent to all health officers in the state, as well as to public health nurses physicians and others who may request them.

Summary Methods of Control of Epidemic Poliomyelitis (Infantile Paralysis).

To prevent the spread of infantile paralysis and to avoid contracting it observe the following:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being 20 per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

Digitized by Google

MORBIDITY.*

Diphtheria—131 cases.

San Francisco 30, Oakland 19, Los Angeles 49, Los Angeles County 7, Long Beach 3, Pasadena 1, Redondo Beach 1, Whittier 1, Riverside 1, Ontario 1, Sacramento County 1, Sacramento 3, Berkeley 3, Alameda 1, Mendocino County 4, Stockton 2, Oroville 1, Tulare County 1, Quincy 1, South San Francisco 1.

Measles—181 cases.

San Francisco 97, Los Angeles 5, Los Angeles County 3, Long Beach 1, Pasadena 2, Berkeley 2, Alameda 11, Banning 1, Riverside 10, Hercules 1, Pinole 1, Alameda County 1, Monterey County 1, Salinas 3, Tulare County 2, Paso Robles 1, Fort Bragg 39.

Scarlet Fever—48 cases.

San Francisco 1, Oakland 7, Los Angeles 9, Los Angeles County 5, Long Beach 2, Pasadena 5, Alhambra 1, Huntington Park 1, Burbank 1, Stockton 6, Riverside 1, Watsonville 1, Tuolumne County 1, Orange County 2, Alameda 1, Sacramento 4.

Whooping Cough—13 cases.

Oakland 1, Los Angeles 1, Alameda 3, Pasadena 1, Long Beach 1, Eureka 4, San Joaquin County 2.

Smallpox—14 cases.

Los Angeles 7, Los Angeles County 2, Hermosa Beach 2, Orange County 2, Calipatria 1.

Typhoid Fever—20 cases.

Los Angeles 3, San Francisco 1, Oakland 1, Berkeley 1, Los Angeles County 2, Pasadena 2, Richmond 1, San Joaquin County 1, Stockton 1, Porterville 1, California 6.

Poliomyelitis—22 cases.

Los Angeles 8, Los Angeles County 7, Long Beach 1, Huntington Park 1, Orange County 1, Dunsmuir 1, Upland 1, Sacramento 2.

Epidemic Encephalitis—2 cases.

San Francsco 1, Whittier 1.

*From reports received on October 8th and 9th for week ending October 6th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Oct. 6 received by Oct. 9	Week ending			Reports for week ending Oct. 7 received by Oct. 10
	Sept. 15	Sept. 22	Sept. 29		Sept. 16	Sept. 23	Sept. 30	
Anthrax	1	1	0	0	0	0	0	0
Cerebrospinal Meningitis	1	1	0	0	1	2	5	0
Chickenpox	28	35	30	33	32	34	27	20
Diphtheria	124	194	160	131	122	144	143	141
Dysentery (Bacillary)	0	1	0	3	3	6	1	2
Epidemic Encephalitis	2	2	2	2	3	2	1	1
Gonorrhoea	92	170	108	99	106	85	103	104
Influenza	9	13	18	16	6	15	14	27
Leprosy	0	0	0	1	0	1	0	0
Malaria	5	16	6	9	9	18	8	11
Measles	130	292	228	181	9	3	6	10
Mumps	7	8	7	9	10	19	25	19
Pneumonia	30	32	54	41	49	67	38	38
Poliomyelitis	9	12	16	22	0	3	2	3
Scarlet Fever	61	62	66	48	46	70	69	94
Smallpox	10	8	14	14	20	10	5	4
Syphilis	140	81	124	84	125	81	110	107
Tuberculosis	165	169	154	130	170	136	141	111
Typhoid	26	20	23	20	36	38	30	19
Whooping Cough	44	41	42	13	37	35	32	21
Totals	884	1158	1052	855	784	769	760	732

CALIFORNIA STATE PRINTING OFFICE

7543 10-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

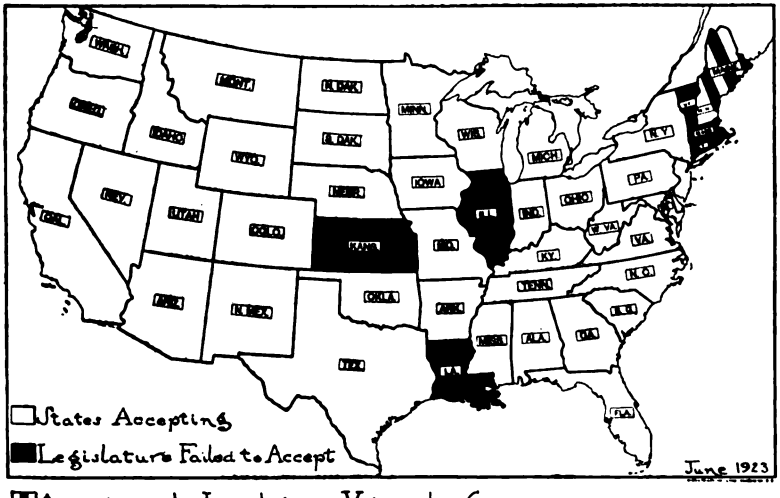
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 36 OCTOBER 20, 1923 GUY P. JONES EDITOR

Infant And Maternal Mortality Too High.

Nearly every state in the Union has accepted the provisions of the federal maternity and infancy act. By means of the funds established through this act a vast amount of work in the conservation of the lives of mothers and children is being accomplished throughout the United States. The infant mortality rate and the maternal mortality rate for this country can be reduced greatly. Many other countries have much lower rates, as the following tables show. It is certain that during the next few years, with the full cooperation of the various states, marked reductions in infant and maternal mortality rates will be made.

MATERNITY and INFANCY ACT



Acceptance by Legislature Vetoed by Governor

Digitized by Google

Death rate of mothers per thousand births in other countries and in the United States.

Denmark	2.4
The Netherlands	2.4
Sweden	2.5
Italy	3.0
Norway	3.0
Uruguay	3.4
Japan	3.8
England and Wales	3.9
Hungary	4.0
Finland	4.4
Germany	4.9
Australia	5.0
New Zealand	5.1
Spain	5.2
Ireland	5.5
Switzerland	5.5
France	5.7
Scotland	6.2
United States	6.8

Death rate of infants per thousand live births in certain other countries and in the United States.

New Zealand	50.6
Norway	62.9
Australia	65.7
The Netherlands	72.8
United States	75.6
England and Wales	79.9
Switzerland	82.2
Ireland	83.0
Denmark	90.5
Scotland	92.0
Uruguay	117.3
Germany	120.4
Finland	134.2
Japan	170.5
Ceylon	192.1

Rabid Puppy Dog Bites School Pupils.

A puppy dog two or three months old entered the grounds of a school at Fresno one day last week and, without being teased or molested in any way, attacked a six year old child. The animal then entered a classroom, bit a student and was attempting to bite some of the boy students when he was killed by one of them with a club. Examination of the dog's brain at the State Hygienic Laboratory proved positive for rabies.

There is a great **mass of evidence which** conclusively proves **that consumption is** comparatively rare **among those who follow an** outdoor life under **normal and healthy** conditions; that it is **comparatively common among** those who live habitually indoors; **and that it** attains its maximum **incidence among those** whose occupation **involves prolonged confine**ment in a vitiated **atmosphere.—Lindsay.**

Society's Duty To Mothers and Infants.

"Of the many truths in the American Declaration of Independence none is nobler, and none is less adequately protected, than the mighty assertion that all are created equal. All men, and all women, have the common fact of birth. All enter this world with the potentialities of life. As they come to school age a wise government, made wise by the integrity of freedom, grants them the equal opportunity of education. As they grow older, wise laws protect them in industry, against exploitation by the greedy. Laws are devised that living quarters may be safe, that the dangers of fire and other catastrophe may be minimized. About women in factories and shops we place what appears to be wise protecton. Institutions are established and maintained to safeguard against the mischances of life, and for the alleviation of physical suffering. In countless ways the honesty and generous impulses of this country have sought to protect that equality which we were a century and a half ago, guaranteed in the Declaration of Independence. But for the infant thrust into life, for the mother who bears him, what is the measure of equality?

Who would plant a tree and leave it to grow crooked, and then at some late time undertake to make it symmetrical and strong? Who would neglect a litter of puppies until quarter grown, and then undertake to make of them prize winners? What artist would take a clean canvas and overturn upon it, without order and without design, a confusion of fine colors, and then later on seek by daubing hither and thither in the waste to lift from that welter of loss a great picture? Who would assemble a discord of instruments out of tune, and endeavor to produce a symphony?

But what colors and harmonies of humanity are jumbled and thrown to waste in the years of infancy!

The oldest and finest sentiment in the history of the race is the love of a mother for her child. It is the absolute unselfishness of sacrifice. No state can in honor, or in safety, ignore that sentiment, or falter in making it effective for the public good.

Wise laws derive their wisdom from accurate reflection of righteous public desires. Enlightened governments receive their inspiration from the intelligence of the people who constitute them. The just powers of governments are born in the consent of the governed. 'Public

Digitized by Google

opinion' is the collective authority of many individual opinions.

By wise laws, through the operations of enlightened governments, employing the powers of common consent, public opinion has an opportunity to utilize, and a duty to perform, in making good the guaranty of human equality offered in the inspired days of the American Declaration of Independence.

There has been developed to a high degree, within recent years, a public realization of the duty of society to the infant and the mother. How this duty may best be performed, not all agree. That in some way the right of the mother to bear and rear her children decently, and the right of the child to have a fair chance at life must be made secure, is granted. This is the great step gained towards making effective a noble interpretation and application of the thought that all are created equal.

The right to proper medical and surgical care, the right to intelligent nursing the right to clean living conditions, the right to wholesome food, the right to merciful upbringing—these we may hold to be equal among all children born in our free country. It is to insure these rights that the present-day movement for maternal and infant care is dedicated.

To make effective these progressive and sane ideas—which are not so much new, as an effort to revert under modern complexities of civilization to normal conditions of human life—many avenues of success are open. Wise and cautious legislation is needed—laws to obstruct harm and laws to encourage progress; and laws to provide means.

Back of all these efforts, the pressure of understanding public opinion is the force which must operate. To obtain effective publicity for such work is not easy. The word propaganda stirs resentment, for the public has been surfeited with special pleas. Yet here we have a cause whose nobility none can challenge. It appeals to a sentiment that none disrespect. It awakens emotions common to all men and women. Once let the public realize the need for more effective care for the babies of the mothers of America; once let the public recognize the possibilities for the public good in a surer guaranty of a fair chance for every person born under our flag; once let the public stir to the fact that the voice calling for help is the voice of a mother in pain, or the cry of a child in suffering—then there will come such an answer as will wipe from the records of the land the stain of neglect for infants and their mothers, and will write in its place across the pages of our records the new guaranty of equality, under which there shall be no American child without a fair chance for life, liberty and the pursuit of happiness.

The rights of American citizenship begin with the unborn child. When we have made good our guaranty to him, we have strengthened beyond the possibility of future collapse the foundations of the American republic."—Edward Elwell Whiting in The Commonwealth.

Poliomyelitis Situation Showing Improvement.

There was a drop in the number of poliomyelitis cases reported last week to 18 reported cases from 27 cases reported for the preceding week. There have been 75 cases of this disease reported in California during the past four weeks. Physicians, nurses and health officers in those sections of California where the disease has been unusually prevalent, have taken direct action in the control of the disease. It would seem probable that this activity has been instrumental in the prevention of a more widespread outbreak extending throughout the entire state. Cases of the disease reported last week from the following cities and counties:

Poliomyelitis cases reported in California week ending October 13th.

Los Angeles City	7
Los Angeles County	3
Pasadena	2
Hawthorne	1
Fresno County	1
Hollister	1
Sacramento	1
Sonoma County	1
Hanford	1

Longer Lives and Safer.

More and more, disease is being cured before it begins. Typhus, which drove Napoleon from Moscow and destroyed his army, is now being wiped out by soap and hot water. Smallpox, once classed with measles, is being ended with tiny tubes of vaccine. Lead poisoning in potteries is being remarkably checked by the workmen eating outside their workrooms and washing the lead glaze off their hands before eating at all. Children by thousands are being saved from slow starvation by attention to their teeth, which enables them to eat and to digest their food. Wherever modern public health work is in progress, lives are longer and safer than they were.—*United States Public Health Service.*

Digitized by Google

MORBIDITY.*

Diphtheria.

169 cases of diphtheria have been reported, as follows: Los Angeles 53, Oakland 28, San Francisco 26, Los Angeles County 12, Long Beach 5, San Bernardino 3, Santa Ana 1, Fresno County 1, Orange 2, Dinuba 2, Glendale 4, Ventura County 1, Santa Clara County 2, Tulare County 2, Hermosa Beach 1, Santa Monica 2, Yolo County 1, Tuolumne County 1, Richmond 1, Bakersfield 2, Solano County 1, Monrovia 1, Alameda 1, Ontario 4, Calexico 1, Oroville 1, Needles 1, Stockton 2, South San Francisco 1, San Leandro 1, Whittier 1, Ventura 1, Berkeley 3.

Measles.

213 cases of measles have been reported, as follows: Alameda 15, Monterey County 34, Berkeley 6, San Francisco 82, Fort Bragg 33, Pinole 2, El Monte 1, Mendocino County 4, Long Beach 1, Santa Ana 1, Sierra County 1, Fresno County 2, La Verne 4, Pasadena 4, Alhambra 1, San Luis Obispo County 1, Hollister 2, San Joaquin County 3, San Gabriel 1, Los Angeles 1, Oakland 14.

Scarlet Fever.

88 cases of scarlet fever have been reported, as follows: Los Angeles 13, Los Angeles County 7, San Fernando 3, Whittier 1, Torrance 1, San Bernardino County 5, Stockton 4, San Joaquin County 3, San Leandro 1, Pomona 4, Coalinga 3, Orange 4, Yolo County 4, Fresno County 4, Hanford 1, San Francisco 4, Pittsburg 1, Bakersfield 3, Orange County 2, Imperial County 1, Ontario 1, San Bernardino 1, Riverside 1, Sacramento 4, Tulare County 1, Alameda 1, Alhambra 1, Hermosa Beach 1, Berkeley 1, Huntington Park 2, Pasadena 1, Oakland 4.

Whooping Cough.

26 cases of whooping cough have been reported, as follows: Riverside 2, San Francisco 9, Sacramento 1, Alameda 1, Berkeley 1, Glendora 1, Los Angeles 4, Huntington Park 1, Los Angeles County 2, Pomona 3, Oakland 1.

Smallpox.

17 cases of smallpox have been reported, as follows: Los Angeles 5, Los Angeles County 6, Pasadena 1, Glendora 1, Imperial County 1, Orange County 1, Redondo Beach 2.

Typhoid Fever.

16 cases of typhoid fever have been reported, as follows: San Francisco 1, San Bernardino County 1, South Pasadena 2, Los Angeles 3, Sacramento 1, Los Angeles County 2, San Joaquin County 1, Dinuba 1, Fresno County 1, Orange County 1, California 2.

Cerebrospinal Meningitis.

San Joaquin County reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, as follows: Santa Monica 1, Los Angeles 1.

Poliomyelitis.

18 cases of poliomyelitis have been reported, as follows: Los Angeles 7, Sacramento 1, Fresno County 1, Los Angeles County 3, Hollister 1, Pasadena 2, Hawthorne 1, Hanford 1, Sonoma County 1.

*From reports received on October 15th and 16th for week ending October 13th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Oct. 13 received by Oct. 16	Week ending			Reports for week ending Oct. 14 received by Oct. 17
	Sept. 22	Sept. 29	Oct. 6		Sept. 23	Sept. 30	Oct. 7	
Anthrax	1	0	0	1	0	0	0	0
Cerebrospinal Meningitis	1	0	0	1	2	5	0	3
Chickenpox	35	30	49	30	34	27	24	36
Diphtheria	194	160	149	169	144	143	167	141
Dysentery (Bacillary)	1	0	3	2	6	1	2	2
Epidemic Encephalitis	2	2	2	2	2	1	1	1
Gonorrhoea	170	108	116	84	85	103	116	110
Influenza	13	18	18	13	15	14	29	17
Leprosy	0	0	1	0	1	0	0	0
Malaria	16	6	13	7	18	8	13	4
Measles	292	228	223	213	3	6	12	13
Mumps	8	7	9	5	19	25	22	32
Pneumonia	82	54	45	31	67	38	41	52
Poliomyelitis	12	16	27	18	3	2	2	2
Scarlet Fever	62	66	63	88	70	69	97	86
Smallpox	8	14	15	17	10	5	4	2
Syphilis	81	124	91	130	81	110	116	111
Tuberculosis	169	154	168	166	136	141	135	131
Typhoid	20	23	22	16	38	30	23	19
Whooping Cough	41	42	25	26	35	32	30	75
Totals	1158	1052	1039	1014	769	760	834	837

CALIFORNIA STATE PRINTING OFFICE

27543 10-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 37 OCTOBER 27, 1923 GUY P. JONES EDITOR

RURAL HOUSE SEWAGE DISPOSAL.*

By R. F. GOUDEY, Assistant Engineer, Bureau of Sanitary Engineering, Los Angeles, California.

The first step in building a house of any sort is the erection of a temporary privy for the workmen. Such privies usually give the necessary privacy but from public health considerations are often very primitive. After completion of the house some more permanent method of sewage disposal is desired, either sanitary privies, chemical toilets or water-flushed systems.

The term "sanitary privy," broadly speaking, includes all types of privies which protect public health. Eastern health officers uniformly condemn the dirt privy, principally because of unfavorable climatic conditions in their sections of the country. The greater part of California, however, with its short seasonal rainfall, moderate climate, and low ground-waters levels in general permits the use of properly constructed dirt privies which meet all sanitary requirements. In some instances the dirt privy often constitutes a less menace to public health than more complicated systems. The dirt privy should never be used in marshy or hookworm infected areas.

Recently, officials of the United States Public Health Service inspected over eighty thousand rural homes in fifteen representative counties throughout the United States. Less than two per cent of the privies were found to be sanitary and one-third of the houses were improperly screened. California can not boast of much better conditions. The federal government, in a few sections of the country, has carried on educational campaigns for sanitary privies which materially lowered typhoid fever deaths and in some cases wiped it out entirely. Although California has a comparatively low typhoid fever rate most of what it does have is traceable to poor sanitation. The health officers and sanitary inspectors through campaigns for better rural sanitation can reduce typhoid fever in California to practically nil. The rural population of California is particularly progressive and ready to cooperate. The health officers and sanitary inspectors need only to present their requirements in a businesslike and sympathetic attitude.

A dirt privy to be sanitary must meet the following specifications:

1. The location must not be on ravines, steep slopes, water-bearing areas, or within polluting distance of any potable waters.
2. It must have a deep pit, braced to prevent caving, and banked at the top to avoid flooding. When the pit is three feet from being full it must be covered and abandoned.
3. A house must be provided which will give privacy, light, and ventilation. A tight and wide seat box with a self-closing seat cover is necessary. There should be no braces directly under the seat.
4. Flies must be controlled either by thorough screening of the entire house or by using oil in a tight dark pit.
5. Odors must be controlled by providing adequate pit ventilation or by occasional scattering of ashes, chloride of lime, or loam over the excreta.

The absolute control of flies by the screening method is practically impossible. It is easy to keep all openings properly screened and covered, such as knot holes, cracks in joints, slits in sheathing, ventilators, loose closing doors, space between warped seats and their covers, and finally earth shrinkage cracks leading direct to pit. For such reasons the army in some of its camps abandoned screening methods and absolutely controlled flies by making the pits dark, providing tight seat boxes, and spraying pit daily with oil. This has led some of the sanitary inspectors and health officers to lay particular stress on making the pit and privy boxes fly-tight.

The pit should be made large enough to serve the people to be accommodated. Two cubic feet per month should be allowed for the average family. The cost of construction varies widely but should not exceed fifty dollars ($50) per family.

*Read at Annual Conference of California Health Officers, Coronado, September 12, 19

Digitized by Google

CHEMICAL TOILETS.

A chemical toilet is primarily an in-door privy. When properly installed and cared for it is practically odorless and void of fly nuisance. The chief parts are a seat and a rust-proof metal receptacle containing the excreta, and a caustic chemical. The container may be directly under the seat or be connected by a metal tube to a container below. Minor parts consist of ventilators, devices to mix feces with chemical, and drains for withdrawing contents to cesspools or for burial. The chemical is first dissolved in water before being placed in the container. A single chemical charge costs about two and one-half dollars ($2.50) and will serve one family about one year. Tests of three different installations in Los Angeles County show complete sterilization at times of samplings.

The chemical toilet has been commercialized by several manufacturers represented in California. One of the cheapest types can be had for ten dollars ($10), but better installations cost one hundred and ten dollars ($110) delivered at Los Angeles. These toilets can be built in batteries to serve any number of people. A battery of four seats and one urinal, which can accommodate about two hundred men, costs about three hundred and twelve dollars ($312). The yearly cost of chemical for such a battery is about twenty dollars ($20).

The chief drawback of the chemical toilet has been its mechanical defects. The manufacturers now claim to have overcome these difficulties. Nevertheless, occasionally parts of the stirring device rust off so that the feces can not be mixed with the chemical. Violent odors result. If the stirring device is not used each time the toilet is used odors will be noticed. Spotting on the sides of the seat bowl if allowed to accumulate become sources of odor as well as being unsightly. Another drawback is the fact that the chemical which must be used when the toilet is recharged is obtainable only from the manufacturer of the toilet. Such chemical might not be on hand when needed.

The advantages of the chemical toilet are manifest, namely; it is a comfortable inside toilet suited in sections of the state having severely cold climate in the winter, where water supply is not available, and in cases where water-flushed systems are impractical. It has also a legitimate use on transcontinental automobiles, launches, river boats, and along the shores of lakes and streams where pollution must be prevented. A large number of chemical toilets are giving satisfaction at the resorts around Big Bear Lake. Installations in rural schools in Los Angeles County are satisfactory. However, experience dictates that chemical toilets, where their use is proper, are successful when intelligent operation and supervision are not only available but are actually given. Moreover, users of the toilet must refrain from throwing miscellaneous objects into the toilet which will interfere with the stirring device.

WATER-FLUSHED SYSTEMS.

Privies and chemical toilets constitute "dry" methods of disposal in contrast to water-flushed toilets supplemented with cesspools, septic tanks, and subsurface drains which constitute the "wet" method of disposal.

The change from the "dry" to the "wet" method is usually made when the owner obtains a water supply and is sufficiently progressive to make the improvement. It usually means the installation of wash bowls, sinks, laundry-trays, and bath tubs in addition to the closet. Wastes from these other fixtures complicate the problem of sewage disposal.

The initial step in successful sewage disposal is first the proper selection of plumbing fixtures which will reduce the volume of wastes to a minimum and second an arrangement of plumbing fixtures which will best fit in with the adopted plan of sewage disposal. In cities the volume of waste waters averages about 65 gallons per person per day. The actual sanitary requirement is probably less than ten gallons per person per day. This difference in these two figures represents extravagance. In rural districts the volume of wastes usually is about 25 gallons per capita per day. Efforts should be made to reduce even this to a lower figure, not so much because the water supply is limited and expensive but because it simplifies the problem of disposal. Rural plumbing therefore should adopt small piping, self-closing faucets, low water pressure, and water-closets requiring but two and one-half gallons per flush instead of the usual city toilet using five gallons per flush. All waste and leakage should be avoided. Because rural homes have low roofs the various plumbing fixtures do not have to be grouped to secure a common vent system. Advantage can be taken of this where it is desirable to have two separate drainage systems, one for the toilet waste and the other for the greasy waters. At any rate the fixtures can be arranged more economically and in more convenient positions than in city plumbing. Semi-urban districts anticipating annexation or incorporation should install plumbing which will serve for all time. The cost of plumbing installations should not exceed $500 per home.

The various wastes are carried from the house to the point of disposal in sewer pipe, either made of concrete or vitrified clay. This pipe, usually four to six inches in diameter must be laid on a proper grade and have a straight alignment at least fifty feet from trees. To insure self-cleansing of the sewer a fall of nine inches per one hundred feet and seven inches per one hundred feet should be used for four and six-inch pipes respectively. Continuous ventilation should be allowed from the sewers back up through the house vents.

TREATMENT AND DISPOSAL.

In California almost without exception final disposal of house wastes must be made into the soil either through cesspools or by sub-surface irrigation. Legislation prohibits the discharge of sewage onto the surface of the ground or into streams. Either procedure is facilitated by clarification in older cesspools or in septic tanks.

Cesspools

A cesspool is a covered pit of any shape, braced with wood or masonry such that the liquid portion of the waste may percolate into the surrounding soil or sub-strata. Where top soils are impervious cesspools must reach sand or gravel. These are termed "deep" cesspools, but can not be used except where there is no danger of polluting underground supplies. Where ground water is near the surface and the top soil is open elongated pits as shallow as two feet can be used. These are known as shallow cesspools. The actual depth of cesspools, in practice, vary from two to one hundred and twenty-five feet. Ordinary cesspools should have a cross-sectional area of two to six square feet per person, depending upon the porosity of the soil. They should not be located under buildings or on hill slopes. Resting of cesspools for several months at a time will prolong their life materially. Cesspools located in coarse granitic sand usually give off very bad odors unless vented by a stack up the nearest tree or by covering the vicinity of the cesspool with clay or other impervious material.

The cost of cesspools varies widely. Some sections pay only fifteen dollars, whereas in others the cost runs over one hundred dollars.

Digitized by Google

A cesspool ordinarily lasts three to five years. Near cities they can be pumped out by cesspool companies for ten dollars or more. Cesspools are expensive, even more so than the individual cost of sewer systems in cities, but their life can be increased many times by first passing the greasy wastes through grease traps and by-passing all toilet wastes through old cesspools or septic tanks.

The travel of pollution under ground from cesspools depends on a great many factors. In fine sandy soils pollution might travel but a few feet but where the material is of gravel the pollution may travel over one thousand feet. To be safe the natural purification agencies of the soil should not be overburdened and cesspools should never be located near a potable stream, lake, spring, or well, where there will be any possibility of pollution.

Septic tank

A septic tank is merely a receptacle where sewage wastes are allowed to pass through slow enough to deposit one-half to three-quarters of its suspended matter and one-third of its organic matter. The deposited solids, called sludge, undergoes decomposition. Portions of the sludge are occasionally carried to the top of the tank by entrained gases and sometimes pass out with the sewage. The sludge at the top is called "scum." Portions of it resettle. The sewage passing through the tank carries off the liquid and gaseous products of decomposition. It is therefore highly odorous and must be disposed of without contact with the air unless isolation is sufficient to prevent nuisance.

A great many septic tank builders by making extravagant and bogus claims have confused the general public and have made the septic tank a mysterious process. This has created mistaken ideas and enables the builders to charge two to three times what would be a fair price. The water from a septic tank is not sparkling clear and from a hygienic standpoint is as dangerous as raw sewage. It should not be used for irrigating fruit or raw vegetables. The new tanks do not have to be inoculated with any specific types of bacteria or manure. A roof is not essential to the action of the tank but is often desirable to control odors. If a tight roof is provided such a tank can be located anywhere. Compartments are not needed in the tank and if put in will interfere with the settling process. Septic tanks must be cleaned periodically and thereby increase the life of the remainder of the works. Septic tanks should have a capacity equivalent to one-half of the estimated daily sewage flow plus an allowance of one cubic foot per person for sludge storage. Patented tanks having liberal capacity will prove successful. Tanks are ordinarily constructed of wood or concrete. The bottom can be eliminated. If covered tightly manholes should be provided. The top of the tank must be vented back into the incoming sewer. If ground slopes permit a drain should connect the bottom of the tank with a sand bed to receive sludge and thereby avoid pumping out of tank when it is necessary to clean it.

Quite a few ranchers prefer types of tanks which can be fitted in place without depending upon plans or sketches. Large sizes of concrete or vitrified pipes have proven useful in this connection.

The cost of a good septic tank for the average family should not exceed forty dollars ($40).

Subsurface irrigation

Subsurface irrigation is the means by which partially clarified sewage is distributed through drains laid in shallow trenches and is allowed to pass out into the surrounding soil. This form of disposal is best suited in open fields having porous soil. The entire process is underground, is unseen and is odorless. Filtration through but a few feet of fine soil will render the sewage sterile and well oxidized.

In laying out such a system three units are usually provided, such that one can rest one week in three for rejuvenation. A switch box makes this possible. The total length of drains in two units which is the total in use at any one time depends on the number of people to be served and the porosity of the soil. Ordinarily twenty feet per person in coarse soils and 100 feet in tight soils is required. In tight soils gravel and cinders are placed in the bottom of the trench and around the drains. This provides storage as well as being a rough filter. The drains should not be closer than four feet and be not longer than one hundred feet in any line. The best drains are two, three, or four-inch agricultural tile. Seconds of four-inch sewer pipe can sometimes be secured cheaper. Inverted wooden troughs have proven successful. If tile or pipe are used a space of three-quarters of an inch should be allowed, between joints. The proper slope of the drains depends on the size of drain used and the porosity of the soil. The idea being to give a slope so sewage will pass out from each joint, and not from the first few joints. For impervious soils a slope of two inches per 100 feet is sufficient. In coarse soils a slope of five inches per 100 feet is used.

Subdrains are sometimes used to accelerate filtration, but this practice is not generally desirable as gopher and ground squirrel holes many times cause direct passage of sewage from the drains to the sub-drains.

In larger installations serving several families, the life of the subsurface system can be lengthened by making the flow from the septic tank intermittent. Dosing tanks constructed on the same principle as flush boxes in the ordinary water closets or tanks with automatic siphons can be used. One difficulty is the dribbling of sewage at times of low flow. The action of the dosing devices can be made positive by weir gates in the septic tank controlled by floats in the dosing tank.

The cost of subsurface drainage systems for rural homes varies from $25 to $50.

High grade treatment works

In exceptional cases neither cesspools or subsurface irrigation can be used in which case high grade treatment plants patterned after municipal installations are sometimes installed. A good description of such plants as well as septic tanks can be found on page 551 of the June issue, 1921, of the Journal of the American Public Health Association. Additional information is available in Public Health Bulletin No. 101. A pamphlet describing privies, cesspools, and septic tanks can be secured by request from the Bureau of Sanitary Engineering, 102 Civil Engineering Building, Berkeley, Cal.

SCHOOL NURSING.

One of the indispensable parts of any comprehensive public health program is that which touches the school child. While the school child is at that age when death leaves its lightest trail he is still plastic in the hands of an unnatural environment which is ever ready to leave its scarring traces. But even more important is the fact that it is preeminently the school child into whose life may be built the health habits, health knowledge and health ideals which alone can carry the nation to new levels of health and happiness.—Philip S. Platt.

Births, deaths and sickness are like the temperature, pulse and respiration of a patient and disclose the state of community health.

HAVEN EMERSON, M.D.

Digitized by Google

MORBIDITY.*

Diphtheria.

190 cases of diphtheria have been reported, as follows: Los Angeles County 23, Los Angeles 47, San Francisco 25, Berkeley 6, Ukiah 1, Torrance 1, Huntington Park 1, Pittsburg 4, Yuba City 1, Pomona 1, Lompoc 5, San Diego County 3, Selma 2, Stockton 3, Porterville 1, San Joaquin County 2, Tuolumne County 1, Pasadena 2, Santa Cruz County 1, South San Francisco 1, Sacramento County 1, Sonoma County 1, Long Beach 3, Bakersfield 1, Santa Ana 3, Hanford 1, Santa Rosa 2, Alameda County 1, Daly City 2, Humboldt County 3, Sacramento 2, Santa Clara County 1, East San Diego 3, Redlands 1, Vallejo 4, Oakland 30.

Measles.

185 cases of measles have been reported, as follows: San Francisco 90, Plumas County 6, Riverside 7, Berkeley 10, Alameda 13, Monterey County 9, Pittsburg 9, Orange County 2, Los Angeles 3, Santa Rosa 1, San Luis Obispo County 3, Plumas County 1, San Mateo 2, Lompoc 4, San Joaquin County 2, Calaveras County 2, Santa Barbara County 2, Salinas 2, Long Beach 1, South San Francisco 1, San Gabriel 1, Alhambra 1, Sonoma County 3, Oakland 10.

Scarlet Fever.

115 cases of scarlet fever have been reported, as follows: Sutter County 6, San Francisco 11, Los Angeles 29, Orange County 6, Los Angeles County 10, San Joaquin County 5, Riverside 7, Watsonville 1, Bakersfield 1, Santa Rosa 1, Pasadena 1, Livermore 4, Long Beach 1, Stanislaus County 3, Mono County 3 Orange 4, San Luis Obispo County 1, Ukiah 1, Pomona 1, Monrovia 1, Manhattan Beach 1, Pittsburg 1, Stockton 2, Riverside County 1, Santa Ana 1, Hanford 1, Santa Cruz 2, Vallejo 1, Oakland 8.

Whooping Cough.

16 cases of whooping cough have been reported, as follows: Pasadena 2, Humboldt County 3, Los Angeles 2, San Francsco 5, Los Angeles County 1, Oakland 3.

Smallpox.

27 cases of smallpox have been reported, as follows: Los Angeles 14, Los Angeles County 6, San Francisco 1, Inyo County 1, Orange County 1, Redondo Beach 2, Pomona 1, Oakland 1.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Los Angeles 7, San Francisco 2, Riverside 1, Orange County 1, Alameda 1, Plumas County 1, Oakland 1, Barstow 1.

Poliomyelitis.

12 cases of poliomyelitis have been reported, as follows: Los Angeles 6, Berkeley 1, Los Angeles County 2, Burbank 1, Long Beach 2.

Epidemic Encephalitis.

San Bernardino County reported two cases of epidemic encephalitis.

Typhus Fever.

Los Angeles reported two cases of typhus fever.

Botulism.

Los Angeles reported one case of botulism.

Leprosy.

Sacramento reported one case of leprosy.

Epidemic Jaundice.

Los Angeles County reported two cases of epidemic jaundice.

*From reports received on October 22d and 23d for week ending October 20th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Oct. 20 received by Oct. 23	Week ending			Reports for week ending Oct. 21 received by Oct. 24
	Sept. 29	Oct. 6	Oct. 13		Sept. 30	Oct. 7	Oct. 14	
Anthrax	0	0	1	0	0	0	0	0
Botulism	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	0	0	1	0	5	0	4	2
Chickenpox	30	49	39	60	27	24	38	37
Diphtheria	160	149	218	190	143	167	171	181
Dysentery (Bacillary)	0	3	3	2	1	2	2	0
Epidemic Encephalitis	2	2	2	2	1	1	2	0
Epidemic Jaundice	0	0	0	2	0	0	5	0
Gonorrhoea	108	116	96	124	103	116	115	132
Influenza	18	18	17	13	14	29	22	16
Leprosy	0	1	0	1	0	0	0	0
Malaria	6	13	8	6	8	13	7	6
Measles	228	223	242	185	6	12	13	17
Mumps	7	9	8	7	25	22	40	28
Pneumonia	54	45	35	46	38	41	51	63
Poliomyelitis	16	28	23	12	2	2	2	0
Scarlet Fever	66	63	126	115	69	97	96	111
Smallpox	14	15	20	27	5	4	6	5
Syphilis	124	91	137	95	110	116	104	112
Tuberculosis	154	168	200	133	141	135	158	126
Typhoid Fever	23	22	25	15	30	23	24	22
Typhus Fever	0	0	0	2	0	0	0	0
Whooping Cough	42	25	37	16	32	30	81	47
Totals	1052	1039	1238	1054	760	834	941	905

27543 10-23 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 38 NOVEMBER 3, 1923 GUY P. JONES EDITOR

What is the New Public Health?

"What is the new public health? How does the new public health differ from the old? The new considers you from your skin in; the old considered you also, but from your skin out. In other words, the old concerned itself very largely with the surroundings—the environment—of people. The new concerns itself chiefly with people themselves.

This does not at first sight seem such a tremendous change, but it is, nevertheless; for it has already revolutionized methods, and has already achieved results on such a scale as to make it evident that we are turned in the right direction now instead of the wrong. If you want to go to the North Pole, but are headed south, merely turning half round is not such a tremendous change, except that now you may reach the North Pole whereas, as you were headed before, you never would!

Why this change from working on the environment to working on the individual? Well, fundamentally, it is part of the great change in our way of looking at things which was introduced by the bitterly fought but finally accepted doctrine of evolution.

We had been in the habit of thinking of mankind as something apart from nature—an extra, tucked in, late in the game; a sort of after thought—not part of nature but in some way different from, superior to, not fitted for this world really. Evolution showed that man really is just as much part of nature as any insect or plant, just as much part of nature as a horse or an elephant; not an after thought at all, but a real product, based and rooted in all the universe; not something different, not something extra, not something unfitted for this world; but on the contrary that man is 'the heir of all the ages' in a most literal and realistic physical and mechanical sense, a real natural outgrowth of nature itself.

The savage looked upon himself, even more earnestly than we used to do, as 'something different.' To him all nature was foreign, antagonistic, filled with evil forces (evil spirits, he called them), all with designs on him. His life was one long battle, one long series of escapes, from heat and cold, flood and drought, thunder, lightning, animal enemies and often human enemies. He was self-centered to an extreme. All things outside himself he must run from, conquer or destroy; otherwise they would conquer or destroy him. But as man lost this attitude of the terror-stricken child, kicking and screaming, scratching his nurse's face, opposing everything whatever because of fear of being hurt, he gradually found his great nurse, Nature, who was his mother also, would help him, not hurt him, if only he would stop biting her long enough to find out what she wanted.

So, very very slowly, with many a slip and stumble, and many a scar to show for early errors, mankind has reached the point where nature is no

Digitized by Google

longer a thing to fear, no longer a thing to fight, no longer a thing to conquer even, as a rebellious slave; but rather a bountiful mother, to be studied, understood, cooperated with—blood of our blood, bone of our bone, literally as well as metaphorically—and harmful to us only when we fail to understand, or venture rashly into foolish feats.

The force behind the lightning, the pain and fear of earlier generations, we do not fight or flee from; we use it kindly, gently, almost without thought, to cook for us, to move our coal and furniture, to tell our troubles to our friends. Fire, the terror of animal and savage, we use for countless purposes—it has become the 'harmless, necessary cat' of modern life.

Disease has been longer than any other of nature's forces misunderstood, fought against blindly, combatted without real study. Scarcely 70 years ago did the first real glimmerings of what disease really is strike into the human mind in any practical way. Scarcely 30 years ago did the first real uses of that new knowledge begin to show themselves in remodeling human life.

'Cooperating with disease' through understanding of it—a new idea indeed—is the idea which has made the new public health as it has made modern medicine. At first sight this idea strikes us as a suggestion would strike our savage forefathers, that they 'cooperate' with fire or lightning or with Niagara. On second sight it strikes us as just as sensible as furnace heat, or telephones, or hydro; and so it is.

We now use the forces of disease to cure, and even better, to prevent disease, as we use fire to put out fires with, as we use ice-cold Niagara to warm us.

We do not struggle with the universe at large to save us from disease, as did our ancestors. We do not fear or dread anything from our skins out. Nothing outside us can hurt us until it gets into us; and often, not even then. Only from our skins in can anything harm us; and that is why we have turned from regarding the environment and doctoring it, to regarding ourselves and keeping ourselves diseaseless.

True, we do forehandedly estimate and prepare in various ways against the causes of disease which exist in our surroundings, but we do not fear, as did our ancestors, these causes of disease so long as they remain in our surroundings. They are not to us, as they were to our ancestors, things unknown, intangible, able to strike from a distance like the influences of the stars, or devils. We know to a great extent what the causes of most diseases are, physical, chemical, biological; and that they can not act upon us except by contact with us. We know also to a great extent how to prevent these causes of most diseases from harming us. Thus we may immunize ourselves against some of them, or obviate their coming to us, or best of all destroy them altogether.

That is the New Public Health, up-to-date, progressive, aggressive, scientific, public health: and boiled down it means attention to the individual, rather than the surroundings; improving the person rather than the premises; caring for boys rather than for buildings; caring for girls rather than for garbage; caring for men and women rather than for manure and waste.

Therefore we repeat, the New Public Health is chiefly individualistic rather than environmental."—H. W. Hill, M.D.

Qualifications for Public Health Nurse Examination.

Following is the text of a resolution pertaining to the necessary prerequisites for examination for certificate for public health nurse, as adopted by the California State Board of Health at its regular meeting held in San Francisco, October 6th.

Resolved, that applicants for examination for certificate as public health nurse shall be:

1. Registered nurses under the laws of California, and
2. Shall have completed a public health nursing course of from four to eight months in a school approved by the California State Board of Health, or
3. Shall have completed at least a semester (four months) of post graduate work in social service, including theory and practical work, or
4. Shall present evidence of having engaged in general public health nursing for at least two years in connection with a public health organization approved by the California State Board of Health.
5. All applications for examination as public health nurse shall be filed in the office of the California State Board of Health and shall be passed on by a committee of the board.
6. Upon examination, credit of 5 per cent will be given to applicants who have completed a four months' course in public health nursing, and 10 per cent to applicants who have completed an eight months' course in public health nursing.

The most important step toward the prevention of any chronic disease is the proper education of the people as a whole. It is not sufficient for physicians alone to know the great danger of the unchecked progress for months or years of any chronic disease like tuberculosis, tumerous growths, or goiter. If progress toward prevention is to be made, everybody must know what to do and why to do it.—O. P. Kimball, M. D.

Digitized by Google

Looking Back Upon Dark Days.

Five years ago thousands upon thousands of Californians were suffering from influenza, several thousands of whom died. The disease, as it appeared in California, constituted but a small part of the pandemic that covered most of the globe. In October and November of 1918 it was not uncommon to see the entire populations of large and small cities wearing gauze masks which covered the nose and mouth. Undertakers were so overwhelmed with work that in many parts of the state bodies of persons who died of influenza could not be promptly and properly cared for. Small towns in isolated districts were sending pitiful calls for assistance. It was not uncommon for every resident of a small community to be stricken, with none left to care for the sick. Physicians and nurses were laboring night and day. Families whose members were suffering from influenza were fortunate if they could secure the services of a nurse for but half an hour of each day. During the fall months of 1918 no less than 230,845 cases of influenza were reported in California and there were 13,340 deaths from the disease during those few weeks.

Looking back upon those frightful days the autumn of 1918 seems almost like the recollection of a delirium. It is almost impossible, at this time, to conceive of such a calamity as occurred so recently. It can not be said that any definite advance has been made in the specific control of influenza, but the outbreak has given tremendous impetus to the study of the disease and to research into all respiratory infections. Thousands of workers in all parts of the world are laboring incessantly in an endeavor to solve the many problems associated with the control of such infections and this work is leading toward favorable results.

Announcements from these investigators, from time to time, indicate the progress that is being made. No one expects the discovery of a specific for influenza, but that our knowledge of respiratory infections will be greatly enlarged as a result of the research work now being undertaken, is definitely assured.

Let us not forget that the entire child goes to school—body, soul and mind. Any system of education which ignores one or the other of these factors will be to the disadvantage of the child.—Rosenau.

Sneezing More Dangerous Than Expectorating.

A San Francisco attorney has written to the State Board of Health concerning the dangers connected with the transfer of respiratory infections through sneezing. Education of the general public concerning this menace to health progresses slowly. Most intelligent persons, however, are well aware of the impropriety and danger that lie in the unprotected sneeze. The writer's interesting letter deals with the matter in pertinent fashion and is reprinted here. He writes:

"Why is it that warnings are so urgently posted against expectorating and that nothing is said about coughing and particularly about sneezing?

In the case of expectoration the sputum is placed on the floor and there is only the slightest danger that any active organisms it may contain will be brought in contact with the sensitive membranes of others while they are still alive.

In the case of sneezing the sputum is sprayed into the air under circumstances specially favoring its reception upon the sensitive membranes of persons who may be near by. This is particularly true under conditions as they exist in public places, and public conveyances.

On the train and ferry on my way to my office from Berkeley the other morning I was sprayed by no less than seven different people no less than eight times. Of course I came down with a filthy cold and the worst of it was that it was communicated to my wife and baby daughter in spite of my precautions.

Why does public opinion make so much of ordinary assaults which result in transitory bruises and make nothing of assaults by sneezing? In the last five years I have received over twenty colds, two influenzas and a double pneumonia by being sneezed on in public places.

Can't something be done to emphasize the danger of sneezing on people as well as the danger of expectorating on floors?"

"The study of mankind is man."
—Thomas Carlyle.

The economic loss sustained through sickness and inefficiency is a direct drain on our country's resources. It therefore becomes our patriotic duty at this time to see that neither our own health nor that of our neighbor is impaired. Ignorance, superstition and disease go hand in hand and our skill should be vigorously directed against their spread.

Digitized by Google

MORBIDITY.*

Diphtheria.

202 cases of diphtheria have been reported, as follows: Los Angeles 57, San Francisco 35, Los Angeles County 26, Oakland 15, Pasadena 6, Ukiah 3, Madera 1, Santa Ana 1, Solano County 1, Long Beach 3, Fresno 2, Santa Barbara 1, Pacific Grove 1, Tulare County 2, Stanislaus County 1, Ontario 1, San Joaquin County 1, Brawley 1, Imperial County 1, South San Francisco 1, Riverside County 1, San Bernardino County 1, Stockton 3, Orange County 2, Sacramento 2, Sacramento County 3, San Fernando 3, Alhambra 1, Berkeley 6, Kings County 1, Fresno County 2, Richmond 2, Ventura County 1, Redwood City 6, Sonoma County 2, Bakersfield 3, Emeryville 2, Pittsburg 1.

Measles.

202 cases of measles have been reported, as follows: San Francisco 112, Monterey County 13, Eureka 12, Los Angeles County 5, Riverside 6, Alameda 6, Oakland 3, Burlingame 2, Salinas 2, Sausalito 4, Santa Maria 1, Sacramento 1, Los Angeles 3, San Luis Obispo County 3, Lassen County 1, Ontario 1, Richmond 1, Hollister 4, Berkeley 3, Kings County 1, San Mateo 8, Sonoma County 2, Santa Rosa 5, Lompoc 1, Pittsburg 2.

Scarlet Fever.

132 cases of scarlet fever have been reported, as follows: San Francisco 18, Los Angeles 22, Oakland 13, Riverside 6, Stanislaus County 7, Los Angeles County 6, Pomona 6, San Luis Obispo County 1, Merced County 1, Fresno 2, Santa Barbara 1, Long Beach 1, Santa Ana 1, Tulare County 1, Orange County 1, San Joaquin County 2, Stockton 1, Mono County 1, Livermore 3, San Fernando 3, Whittier 2, San Gabriel 1, Roseville 1, Alameda 2, Berkeley 2, National City 1, Kings County 2, Fresno County 8, Richmond 1, Redwood City 6, Kern County 4, Sonoma County 1, Santa Rosa 1, Colusa 2, Santa Cruz 1.

Whooping Cough.

22 cases of whooping cough have been reported, as follows: Glendora 5, Eureka 1, San Francisco 2, Pasadena 2, Los Angeles County 1, Los Angeles 3, Riverside 3, Orange County 4, Berkeley 1.

Smallpox.

51 cases of smallpox have been reported, as follows: Los Angeles 44, Los Angeles County 4, Long Beach 2, Pomona 1.

Typhoid Fever.

24 cases of typhoid fever have been reported, as follows: San Bernardino County 5, Oakland 1, Napa 1, Long Beach 1, San Joaquin County 4, San Francisco 1, Orange County 1, Los Angeles County 1, Yolo County 1, Sacramento County 1, Sacramento 2, Huntington Park 1, Los Angeles 2, Burbank 1, National City 1.

Cerebrospinal Meningitis.

San Francisco reported 1 case of epidemic cerebrospinal meningitis.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

Poliomyelitis.

20 cases of poliomyelitis have been reported, as follows: San Joaquin County 1, Napa 1, Lassen County 1, Redlands 1, Long Beach 1, Woodland 1, Los Angeles 4, Orange County 1, Los Angeles County 3, Sacramento 1, Stockton 1, Lodi 1, Riverside County 1, Berkeley 1, Santa Paula 1.

*Reports received on October 29th and 30th for week ending October 27th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Oct. 27 received by Oct. 30	Week ending			Reports for week ending Oct. 28 received by Oct. 31
	Oct. 6	Oct. 13	Oct. 20		Oct. 7	Oct. 14	Oct. 21	
Anthrax	0	1	0	0	0	0	0	0
Cerebrospinal Meningitis	0	1	0	1	0	4	2	1
Chickenpox	49	39	82	51	24	38	52	39
Diphtheria	149	218	232	202	167	171	219	196
Dysentery (Bacillary)	3	3	2	2	2	2	0	0
Epidemic Encephalitis	2	2	2	1	1	2	0	2
Gonorrhoea	116	96	138	83	116	115	136	105
Influenza	18	17	18	14	29	22	18	13
Leprosy	1	0	1	0	0	0	0	0
Malaria	13	8	6	7	13	7	7	2
Measles	223	242	217	202	12	13	22	11
Mumps	9	8	8	7	22	40	30	17
Pneumonia	45	35	52	41	41	51	59	36
Poliomyelitis	28	22	12	19	2	2	1	0
Scarlet Fever	63	126	150	132	97	96	129	123
Smallpox	15	20	30	51	4	6	5	7
Syphilis	91	137	106	96	116	104	117	86
Tuberculosis	168	200	163	164	135	158	136	101
Typhoid Fever	22	25	23	24	23	24	30	29
Whooping Cough	25	37	20	22	30	81	50	23
Totals	1039	1237	1262	1119	834	930	1013	791

CALIFORNIA STATE PRINTING OFFICE

3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 39 NOVEMBER 10, 1923 GUY P. JONES EDITOR

IMMUNIZATION AGAINST DIPHTHERIA.

By WILFRED H. KELLOGG, M.D., Director, State Hygienic Laboratory.

The steady increase in the prevalence of diphtheria in California, together with the fact that the mortality from this disease continues high in spite of our possession of a specific treatment in antitoxin, prompts the following brief consideration of the subject.

With the introduction of antitoxin about twenty-five years ago there was a remarkable fall in the percentage of cases that resulted fatally. This drop was from an average case fatality rate of forty per cent to about ten per cent, which percentage, since that time, has not been reduced. The reasons for this failure of antitoxin to completely suppress the death rate from diphtheria are several and to a considerable extent unavoidable. They include such things as delay in recognition of the condition by both parents and physicians, delay in calling the physician in cases of throat trouble and sometimes inadequate dosage of antitoxin. Diphtheria, therefore, continues to be one of the terrors of childhood and it is responsible for from twenty to thirty thousand deaths of children each year in the United States. The usual control measures available to the health officer have been the quarantine of cases of diphtheria and the search for and isolation of healthy carriers of the diphtheria bacillus. Owing to the existence of many cases of true diphtheria that are so mild as to escape identification as such and to the great difficulty of finding and controlling carriers, diphtheria continues to be practically as common and widespread as ever.

The most effective control measure for any communicable disease would be a method of immunizing individuals against it; such as vaccination against smallpox, which has resulted in reducing this disease from the dreaded plagues of the middle ages and from the universal destroyer of even a century ago to a state of comparative abeyance, a condition that accounts for the large number of persons who honestly believe that smallpox is not a disease to be dreaded.

There are very few diseases in which we have such a specific preventive, only three in fact, and these are smallpox, typhoid fever and diphtheria. The preventive measure for the latter disease is the most recent and the most spectacular advance that has been made in preventive medicine. It is not a vaccination, as in the case of smallpox, but a subcutaneous administration of a very small quantity of diphtheria toxin made from cultures of the organism and practically neutralized by antitoxin so that it gives little or no reaction and does not produce a sore on the arm as does the inoculation of vaccine virus. This

Digitized by Google

toxin-antitoxin as it is usually called, or diphtheria prophylactic as it would better be known on account of the confusion in names when the other term is used, should come into general use; should be advocated by all physicians; and should be demanded by mothers of the children who are the prospective victims of this dread disease. In every community where this prophylactic measure against diphtheria has been adopted generally, diphtheria has ceased to exist absolutely and the parents of children no longer have the dread of infection hanging over them nor are they harassed by the necessity and inconvenience of quarantine and isolation.

The New York State Health Department has now given hundreds of thousands of immunizing treatments against diphtheria with no serious or even merely disagreeable results, and the California State Board of Health, in cooperation with the local authorities, has completely immunized several communities with the absolute disappearance of diphtheria from their midst and with no harmful results to any one treated. The immunity which follows a series of three doses of the diphtheria prophylactic is rather slow in developing, requiring usually two or three months before it is complete, and it persists, to the best of our knowledge and belief, for the life of the individual. The immunization of children by this means is the preferred, in fact, the only means of effectively stamping out diphtheria in any community, but it must not be confused with the use of diphtheria antitoxin either for the treatment of cases or for the immediate protection of exposed persons, in neither of which is toxin-antitoxin of use. Its field is strictly one of prevention and its widespread administration is a measure to be thought of by communities before they are overtaken with an epidemic. The Schick test, which is being used so generally, is a procedure for determining which children need the prophylactic. The Schick test is probably advisable, particularly in older persons where the percentage of immunity is high, but it is not absolutely necessary before the administration of the prophylactic because the prophylactic dose is harmless and there is no objection to immunizing all children, immune as well as nonimmune, without resorting to the Schick test in advance. When this plan is carried out the Schick test is very convenient after the lapse of two or three months to learn if all have been immunized. Experience shows that after one series of treatments fully ninety per cent of the children have been permanently rendered safe against diphtheria and the remaining ten per cent can be immunized with a second series of injections.

Palo Alto Enlisting Parents' Cooperation.

In order that the parents of children in Palo Alto may be advised of any known exposure to a communicable disease, Louis Olsen, city health officer, is making use of the form reproduced here. Parents are glad to receive the official notification of exposure and cooperate in preventing further spread of the disease.

PALO ALTO BOARD OF PUBLIC SAFETY.

HEALTH DEPARTMENT.

Palo Alto, _____, 192__

To Parents or Guardians:

You are hereby notified that the child presenting this notice has been exposed in school to the disease marked below. Kindly keep the child under close observation. If symptoms of the disease develop, keep the child at home, and notify the Health Officer at once. Your cooperation in this matter is strongly desired to prevent the further spread of the disease.

Respectfully,

LOUIS OLSEN,
Health Officer.

Health Office, 204-5 City Hall, Phone 478-W.

- ☐ Scarlet Fever—Early symptoms: sore throat, sudden and projectile vomiting, and high fever. Incubation period 1 to 7 days, usually 2 to 4.
- ☐ Diphtheria—Early symptoms: sore throat, headache, listlessness. Incubation period variable, usually from 2 to 5 days.
- ☐ Measles—Cold in head, inflamed eyes, cough, Koplik spots in mouth, followed by rash on 13th to 15th day after exposure.
- ☐ Chickenpox—A crop of blisters, slight fever. Incubation period about 2 weeks.
- ☐ Mumps—Swelling at the angle of the jaw, resembling a sock, heel below ear and toe toward chin. Incubation period variable, from 1 to 3 weeks.
- ☐ Whooping Cough—A cough which develops into a spasmodic coughing followed by long crowing inspiration. Incubation period 1 to 2 weeks.
- ☐ Smallpox—Vomiting, terrific headache and backache. Incubation period 5 to 20, usually 10 to 12, days.

The following diseases are required by law to be reported immediately to the Health Office: Chickenpox, diphtheria, German measles, malaria, measles, mumps, plague, pneumonia, poliomyelitis, rabies, scarlet fever, smallpox, tuberculosis, typhoid fever, whooping cough.

Date of exposure_____

Date when first symptoms may be expected_____

Digitized by Google

Smallpox Shows Sudden Increase.

During the past two weeks smallpox has shown a sudden increase in the southern part of the state. The morbidity statistics printed on the last page of the bulletin show the distribution of the cases for last week. Children and adults are contracting the disease and it is obvious that most of them have never been vaccinated. Smallpox, until recently, has been of a very mild form. Outbreaks during the past two years, however, notably those occurring in Denver, Kansas City and Salt Lake City, have been characterized by the extremely virulent form of the disease. The only insurance against the appearance of similar outbreaks in California lies in the wider application of vaccination. As a wise precaution against smallpox parents are urged to have their children vaccinated and health officers should take every available means for so advising both parents and physicians.

"Forsooth the present eve must give
To that which cannot pass away;
All beauteous things for which we live
By laws of time and space decay,
But oh, the very reason why
I clasp them, is because they die."
—Wm. (Johnson) Cory.

To Curb Motor Exhausts on Ferries.

In order to eliminate in so far as possible the escape of motor exhaust fumes on ferry boats, the California State Board of Health at its meeting held in San Francisco, October 6th, adopted resolutions for the regulation of automobile traffic on ferries. This procedure was made necessary because of the growing dangerous practice of releasing poisonous exhaust fumes within enclosed spaces on the boats. The regulations are as follows:

In order to eliminate, as far as possible, all unnecessary automobile exhaust fumes within auto ferries on account of the poisonous and offensive nature of the gases,

1. Motors shall be stopped as soon as machine is parked on the steamer and shall not be started until steamer is docked and line ahead has begun to move.

2. Motors shall not be "raced" or the gas mixture unnecessarily enriched while the vehicle is on the steamer.

3. Doors at both ends of steamer shall be opened before the steamer reaches the slip.

4. Uniform signs shall be conspicuously placed on all auto ferries so as to be legible from the driver's seat of all vehicles.

Two Millions For Health Demonstration.

The Milbank Memorial Fund of New York City has announced its plans for spending upwards of $2,000,000 to demonstrate by cooperation with three typical American communities, whether by the intensive application of known health measures the extent of sickness in the United States can be materially diminished and the mortality rates reduced further, and at a cost which communities themselves can afford to pay. The project, under the supervision of well-known workers, is already under way in the state of New York.

At the 1922 conference of the American Public Health Association it was stated that by the maturing of health methods which, during the past generation, have added ten years to the average length of life, we may expect, during the next half century, to add twenty years to the average life span now prevailing in the United States. The board of directors of the Milbank fund are in alliance with the American Public Health Association and other agencies, all of which are working toward the development of the realization of this high aim. The Milbank fund was established by Elizabeth Milbank Anderson to improve the condition of humanity and generally to advance charitable and benevolent objects by the application of constructive health and social measures. Its policy has been to extend financial aid to existing welfare and educational agencies rather than to establish its own operating machinery.

"He who in what cause soever sinks into pain and disease let him take thought of it; let him know well that it is not good he has arrived at yet."—Thomas Carlyle.

Public Health Nurse Examination December 3d.

The California State Board of Health will hold an examination for public health nurses at its offices in both San Francisco and Los Angeles on December 3d. The examination will be held in room 335 of the State Building, Civic Center, San Francisco, and in room 821 of the Pacific Finance Building, Sixth and Olive streets, Los Angeles. Applications for entrance to the examination should be made to the office of the secretary of the board in Sacramento.

Digitized by Google

MORBIDITY.*

Diphtheria.

175 cases of diphtheria have been reported, as follows: Los Angeles 60, Oakland 14, Los Angeles County 18, Lompoc 6, San Francisco 25, Ukiah 8, Sacramento 4, San Gabriel 1, San Fernando 2, Alhambra 3, Sacramento County 3, El Monte 1, Tuolumne County 1, Santa Barbara 1, Orange County 1, Riverside County 1, Alameda 1, La Mesa 1, Pasadena 1, Berkeley 5, Benicia 2, Stockton 4, San Joaquin County 2, Alameda County 1, Stanislaus County 2, Long Beach 4, Sausalito 1, Selma 1, San Bernardino County 1.

Measles.

247 cases of measles have been reported, as follows: San Francisco 109, Orange County 8, Stanislaus County 7, Oakland 5, Berkeley 16, Riverside County 5, Alameda 7, Monterey County 7, Plumas County 2, Glendora 2, San Joaquin County 1, Los Angeles 3, Hollister 4, Redondo Beach 1, Sacramento 2, Paso Robles 2, Barstow 1, Lompoc 3, Fort Bragg 62.

Scarlet Fever.

117 cases of scarlet fever have been reported, as follows: Los Angeles 36, Los Angeles County 11, San Francisco 15, Oakland 18, San Joaquin County 11, Sacramento 2, Santa Cruz County 1, Yolo County 2, Stanislaus County 3, Long Beach 1, Whittier 4, Alhambra 1, Monrovia 3, Pomona 2, Santa Barbara 1, Orange County 1, Alameda 1, Pasadena 3, Stockton 1.

Whooping Cough.

11 cases of whooping cough have been reported, as follows: Pasadena 5, Alameda County 1, Lodi 1, Glendora 1, Riverside County 3.

Smallpox.

62 cases of smallpox have been reported, as follows: Los Angeles 31, Los Angeles County 20, Pomona 5, Long Beach 2, Redondo Beach 3, Riverside County 1.

Typhoid Fever.

15 cases of typhoid fever have been reported, as follows: Alameda County 1, Oakland 1, Los Angeles County 1, Los Angeles 1, Sacramento 1, Rialto 4, California 4, San Bernardino County 2.

Poliomyelitis.

8 cases of poliomyelitis have been reported, as follows: Los Angeles County 2, Los Angeles 2, Whittier 1, Claremont 1, Pasadena 1, San Francisco 1.

Epidemic Encephalitis.

Los Angeles reported two cases of epidemic encephalitis.

Epidemic Meningitis.

4 cases of epidemic meningitis have been reported, as follows: Pasadena 1, Sacramento 2, San Francisco 1.

*From reports received on November 5th and 6th for week ending November 3d.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Nov. 3 received by Nov. 6	Week ending			Reports for week ending Nov. 4 received by Nov. 8
	Oct. 13	Oct. 20	Oct. 27		Oct. 14	Oct. 21	Oct. 28	
Anthrax	1	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	0	2	4	4	2	1	2
Chickenpox	39	82	61	45	38	52	50	65
Diphtheria	218	232	229	175	171	219	227	240
Dysentery (Bacillary)	3	2	3	0	2	0	2	3
Epidemic Encephalitis	2	2	1	2	2	0	3	1
Gonorrhoea	96	138	86	100	115	136	125	222
Influenza	17	18	12	11	22	18	16	31
Leprosy	0	1	0	0	0	0	0	0
Malaria	8	6	7	2	7	7	3	8
Measles	242	217	222	247	13	22	17	10
Mumps	8	8	15	9	40	30	24	27
Pneumonia	35	52	43	40	51	59	56	81
Poliomyelitis	22	12	21	8	2	1	0	2
Scarlet Fever	126	150	133	117	96	129	152	157
Smallpox	20	30	51	62	6	5	8	10
Syphilis	137	106	96	104	104	117	92	206
Tuberculosis	200	163	194	108	158	136	144	133
Typhoid Fever	25	23	25	15	24	30	32	14
Whooping Cough	37	20	27	11	81	50	36	37
Totals	1235	1262	1228	1060	936	1013	988	1349

CALIFORNIA STATE PRINTING OFFICE

27543 11-23 3600

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 40 NOVEMBER 17, 1923 GUY P. JONES EDITOR

Prevent Tuberculosis During Childhood.

In an article upon tuberculosis control, recently published in the Sacramento *Bee*, Dr. Fred F. Gundrum, vice president of the California State Board of Health, lays stress upon the part played by communicable diseases of childhood in lowering vitality and paving the way for the easy following of tuberculosis. The article reads in part:

"Those things which lower vitality are many, and include fatigue, underfeeding, sickness, and especially in the young, the so-called 'contagious diseases of childhood,' measles, whooping cough, scarlet fever, pneumonia, influenza, diphtheria and others.

We have all heard mothers say, 'I'd be glad if the children would get the measles so as to be over it,' and on account of this feeling insufficient precautions are often taken to prevent the spread of common childhood diseases.

Bacilli Get New Start.

This state of mind is a great and tragic error, for childern's diseases, measles and whooping cough in particular, put a very great strain upon the defensive machinery of the body, leaving it partially exhausted and giving the walled-in, but still living, tubercle bacilli a chance to get a new start, more especially if the child has not had sufficient rest during and after the acute disease. How often do we hear, 'Little Johnny was always strong and fat until he had the measles. Since then he has been thin, irritable and has had a good deal of stomach trouble.'

Care of Contagious Diseases.

Children with any sort of infection, and this includes common 'colds,' if they have fever, should be put to bed promptly, first, for their own protection since it helps them to get better, and, second, for the protection of their schoolmates, for it keeps them from catching the malady.

Following the recovery from any contagious disease, the children should be kept in bed for long rest periods during the day until they have regained the weight with which they went to bed and until they show no evidence of undue afternoon fatigue.

Forced Attendance Wrong.

There is all too much of a tendency to keep children in school as many days as they are able to be up, a habit stimulated possibly by both mothers and school authorities, the former who fear the youngster will fall behind his class, and the latter who are more or less the victims of our imperfect school law which doles out state support to public schools upon attendance records.

The correct and, happily, the most successful time to prevent the thousands of breakdowns due to tuberculosis, among young adults who are just beginning creative life, is in childhood. For at this time they can be protected in large measure from those things which produce physical strain, notably by prolonging the convalescence from contagious diseases at a time in their lives when a few days are of insignificant economic importance."

Digitized by Google

Still Another Human Death from Rabies.

Another human being in California has died of rabies. In reporting the last preceding human death from this disease, in the Weekly Bulletin for October 13, 1923, it was stated that it is a distinct reflection upon the citizens of those communities where deaths from rabies have occurred. Too great condemnation can not be placed upon the *lassez faire* policy pursued by such communities as concerned with rabies.

Every death from rabies is preventable and there is no excuse for a dozen Californians, during the course of ten months, having to sacrifice their lives to the failure of their respective communities to control dogs. But that is just exactly what has happened and is happening in this state at the present time. The facts are known, the methods of control are proven and established, but in spite of these, failure to use this available machinery has resulted in these absolutely preventable deaths.

Control of the dog population, preferably by vaccination against rabies together with the destruction of all unvaccinated dogs, will absolutely eliminate this truly terrible disease, not only among men but also among animals. Unless local action is taken at once the disease is likely to become even more prevalent during the coming winter months and it is more prevalent now than it has been at any time before in the history of the state.

It has been definitely establishd that municipalities are liable for damages resulting from typhoid fever due to a contaminated public water supply. Is it not possible that the time may soon come when similar liability may be incurred through failure to check the spread of a disease as readily preventable as is rabies?

Rest of body and mind, education in regard to what is safe and what is dangerous, good food and fresh air, are the medicines that restore health. Intelligent medical supervision, freedom from care and worry, confidence in recovery, conscientiousness in carrying out every detail given by the physician, work miracles, as thousands can testify who have fallen ill of tuberculosis, but who have fought the good fight and won out.—Dr. Lawrason Bronw, Saranac Lake, N. Y.

The great work of sanitary reform has been, perhaps, the noblest legislative achievement of our age, and, if measured by the suffering it has diminished, has probably done far more for the real happiness of mankind than all the money questions that make and unmake ministries.—Lecky.

Four Typhus Cases Reported Last Week.

Four new cases of typhus fever were reported in California last week. This fact emphasizes again the importance of continuing and augmenting work already established in the control of this disease within California as well as instituting new machinery for such work in certain communities where none exists at the present time. In his paper upon typhus fever, read at the state conference of health officers in Coronado, September 12 of this year, Dr. Charles H. Halliday, Epidemiologist of the California State Board of Health, said of the incidence of this disease within the state:

"The disease is probably far more prevalent than reports indicate. That more cases are not reported is undoubtedly due to the disease occurring chiefly among the poor, and only the persons suffering from severe or moderately severe cases call a physician or seek medical aid at an institution.

When we realize that typhus fever is endemic in California, not in one locality but in several, that emigrants who may have the disease or harbor infected lice are constantly arriving from infected zones, there is a menace from the possibilities of this disease which should not be minimized. It is only a limited few who adopt the better standards of living prevailing in this country; the majority continue to live in overcrowded districts, amid poverty and squalor, traveling from place to place as the spirit prompts or employment induces. If they continue to roam, unchecked and uncontrolled, this menace will tend to increase rather than lessen."

Mexico, where the disease has been endemic for many years, undoubtedly provides the source for most cases that occur in California. In 1915 there were 11,000 cases of typhus reported in the city of Mexico and vicinity. Since the end of the war, more than 3,000,000 cases have occurred in Russia and in Poland 200,000 persons died of typhus in 1920.

Dr. Halliday stated further:

"The case mortality ranges from 10 to 50 per cent. It is low in the young and extremely fatal in the old, slightly more fatal in males than females. All available information tends to point to the fact that the disease is more fatal among the well-to-do than among the poorer class. The lower classes, in certain parts of the world, have suffered from the disease for generations and

Digitized by Google

they have undoubtedly developed some grade of immunity.

Epidemics are caused by anything which favors the propagation of and dissemination of lice, the factors of most importance being the bringing together of people of all classes, retaining these masses under conditions which render personal cleanliness and clean clothing difficult or impossible. These conditions are found in time of war and famine and are constantly present among the poor. To these conditions we must add an atmospheric temperature not too high and lowered vitality."

Health Examinations.

The keystone of personal hygiene is the periodic health examination. Any person who wants to learn how to live right should begin by having a human appraisal. Such an examination may show that the individual is in excellent health, which is a rather comfortable thing to know, or it may reveal physical impairments or faulty habits of hygiene. These defects and practices can thereupon usually be remedied and life made more pleasant, profitable and productive.

Recognizing the great importance of health examinations to every branch of public health work, the National Health Council has inaugurated a nationwide campaign to induce ten million persons to go to their physicians for such beneficial human inventories during the year between July 4, 1923, and July 4, 1924. The slogan is "Have a Health Examination on Your Birthday." The National Health Council is a confederation of the thirteen leading national voluntary health associations of the country, including the state health officers' conference, together with the United States Public Health Service as a consulting member. State health examination committees have been formed in practically every state to carry on this educational work. The organized medical profession has gone on record as favoring the movement and the American Medical Association has prepared standard examination forms.

"Produce great persons. The rest follows."
—Walt Whitman.

"Of physiology from top to toe I sing."
—Walt Whitman.

Top Minnows Go on Display.

An exhibit of live top minnows (*gambusia affinis*) used so successfully in the control of mosquitoes may now be seen through the courtesy of the California Academy of Sciences, in the Steinhart Aquarium in Golden Gate Park, San Francisco. These tiny fish are attracting much attention and their presence in the aquarium is a factor in educating the public concerning their use in the control of mosquitoes and malaria. The description of the minnows, placed beneath the exhibit, reads as follows:

Mosquito Fish.

Gambusia Affinis (Baird and Gamble).

The mosquito fish or top minnow is one of our most valuable fish. It feeds almost entirely on the eggs and young of the mosquito. It is a native of the eastern and southern states, but because of its value in mosquito control it has been introduced into Panama, Hawaii, Philippines, Siam, Japan, China and India. Six hundred were introduced into California by the State Board of Health in April, 1922, and it is estimated that they have now increased to twelve millions. This exhibit was furnished by the California State Board of Health which now maintains sixteen hatcheries for these fish and are doing most effective work in connection with mosquito abatement.

MILK FOR SCHOOL CHILDREN.

People should grasp the importance of feeding milk to children. Every child should have one quart of milk each day. Those children who have milk invariably outstrip physically, mentally, and spiritually those who do not have it. This plainly means there is something in milk which makes for "health righteousness." It is indeed a great work to save children and to increase their physical, mental, moral strength and health. The wise man said: "Train up the child in the way he should go, and when he becomes a man he will not depart therefrom." This plainly refers to the physical child as well as to the moral and mental child. It is plain the public health will increase, and consumption will go down when all the schools are feeding the children as they should be fed. It has been well said: "A man is what he eats, how much he eats, and how he eats it." Give the children milk and see them grow.—Indiana Bulletin.

"Observe constantly that all things take place by change, and accustom thyself that the nature of the universe loves nothing so much as to change the things which are and to make new things like them."
—Marcus Aurelius.

Digitized by Google

MORBIDITY.*

Diphtheria.

188 cases of diphtheria have been reported, as follows: Los Angeles 73, Los Angeles County 19, San Francisco 42, Oakland 13, Mendocino County 1, Fresno County 1, Vallejo 3, Santa Paula 1, Contra Costa County 4, Santa Clara County 2, Kings County 1, El Monte 2, Redlands 1, Alameda 2, Lakeport 1, Lodi 1, Selma 2, Long Beach 1, Sacramento 4, San Gabriel 1, San Fernando 3, San Joaquin County 1, Ukiah 3, Siskiyou County 1, Colusa 1, San Luis Obispo 4.

Measles.

258 cases of measles have been reported, as follows: San Francisco 145, Monterey County 41, Fort Bragg 7, San Mateo 8, Santa Rosa 7, Eureka 14, Riverside 5, Burlingame 6, Los Angeles 2, Santa Clara County 2, Mendocino County 1, Alameda 2, Santa Cruz 3, Contra Costa County 2, Petaluma 3, Fresno County 2, Manteca 2, Kings County 1, Redondo Beach 1, Los Angeles County 1, Sacramento 1, Huntington Park 1, Hawthorne 1.

Scarlet Fever.

141 cases of scarlet fever have been reported, as follows: Los Angeles County 16, Los Angeles 32, San Francisco 10, Kings County 5, Pomona 6, San Joaquin County 7, Long Beach 5, Fresno County 5, Piedmont 5, Mendocino County 8, Richmond 1, Contra Costa County 1, Santa Cruz 1, Vallejo 3, Tehama County 1, Monterey County 1, Livermore 1, Orange County 2, Riverbank 1, Monterey Park 2, Alameda County 2, Riverside 1, Placer County 2, Watsonville 1, Tuolumne County 1, Alameda 1, Stockton 1, Burlingame 1, Sacramento 1, San Fernando 1, Whittier 3, Covina 1, Huntington Park 1, Susanville 1, Oakland 10.

Whooping Cough.

38 cases of whooping cough have been reported, as follows: Pasadena 7, Contra Costa County 8, Salinas 1, Sacramento 2, Kingsburg 1, Eureka 2, Inglewood 1, Monica 1, Lake County 4, Tehachapi Angeles 2, Long Beach 2, San Franci Pomona 2, Glendora 2.

Smallpox.

82 cases of smallpox have been repor follows: Los Angeles County 31, Los A 47, Redondo Beach 2, Alhambra 2.

Typhoid Fever.

17 cases of typhoid fever have be ported, as follows: San Francisco 3 Angeles County 2, Long Beach 2, Los A 2, Riverside 2, Fresno County 1, County 1, Sacramento 1, San Joaquin C 1, California 2.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have reported, as follows: Pasadena 1, South dena 1, San Luis Obispo 1.

Cerebrospinal Meningitis.

4 cases of cerebrospinal meningitis been reported, as follows: Sacramento C 1, San Francisco 2, Fresno County 1.

Leprosy.

Los Angeles reported one case of lepr

Anthrax.

Petaluma reported one case of anthra

Poliomyelitis.

5 cases of poliomyelitis have been rep as follows: Los Angeles 3, Los A County 1, Santa Barbara 1.

Typhus Fever.

Los Angeles reported 4 cases of t fever.

Rabies (Human).

Los Angeles reported one case of h rabies.

*From reports received November 12t 13th for week ending November 10th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Nov. 10 received by Nov. 13	Week ending			Re for en No rec
	Oct. 20	Oct. 27	Nov. 3		Oct. 21	Oct. 28	Nov. 4	No
Anthrax	0	0	0	1	0	0	0	
Cerebrospinal Meningitis	0	2	5	4	2	1	1	
Chickenpox	82	61	60	66	52	50	67	
Diphtheria	232	229	228	188	219	227	250	
Dysentery (Bacillary)	2	3	6	0	0	2	3	
Epidemic Encephalitis	2	1	2	3	0	3	1	
Gonorrhoea	138	86	134	105	136	125	229	
Influenza	18	12	14	8	18	16	31	
Leprosy	1	0	0	1	0	0	0	
Malaria	6	7	3	2	7	3	8	
Measles	217	222	314	258	22	17	10	
Mumps	8	15	31	14	30	24	21	
Pneumonia	52	43	46	40	59	56	84	
Poliomyelitis	12	21	9	5	1	0	2	
Rabies (Human)	0	0	0	1	0	0	0	
Scarlet Fever	150	133	158	141	129	152	164	
Smallpox	30	51	74	82	5	8	11	
Syphilis	106	96	121	159	117	92	211	
Tuberculosis	163	194	141	198	136	144	146	
Typhoid Fever	23	25	25	17	30	32	17	
Typhus Fever	2	0	0	4	1	2	0	
Whooping Cough	20	27	28	38	50	36	37	
Totals	1262	1228	1399	1335	1014	1000	1293	

11-23 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 41 NOVEMBER 24, 1923 GUY P. JONES EDITOR

Waging Campaign for Diphtheria Prevention.

Preventive treatment against diphtheria (the administration of toxin-antitoxin), holds out the greatest promise in the control of this disease. Immunization against diphtheria is now at the beginning of its entrance among public health procedures that are in common usage. As soon as the general public becomes acquainted with the fact that diphtheria can be prevented by means of the administration of toxin-antitoxin and that the individual so immunized suffers no ill effects, whether he is immune to the disease or not, the demand for the universal application of this preventive treatment will be tremendous.

In Mendocino County, Dr. L. K. Van Allen, city health officer of Ukiah, and Dr. S. L. Rea, county health officer, have joined forces in an intensive campaign to inform the residents of that county of the benefits to be derived through immunization against diphtheria. This campaign is producing results and large numbers of children have received this preventive treatment. No charge is made for the toxin-antitoxin or for its administration.

It is seldom that city and county health officers are able to join hands in such a campaign and the appeal to the public of Mendocino County and of Ukiah is a document that indicates a sincerity of purpose presented in a convincing manner. In their plea to the public these two health officials said:

"Six hundred deaths from diphtheria in 1922 in State of California. Four hundred and twenty-five up to October 1, 1923. This is a treacherous disease. There is a way to prevent it. The city and county health boards are telling you what to do to prevent it. Take the toxin-antitoxin treatments free by the city and county. If you want to know if you are immune to diphtheria take the Schick test, also given free.

"This was all offered free by the city and county and state boards of health. Advised by the best physicians of the entire country. Yet in the Ukiah grammar school out of 350 children only about 175 were given permits by parents to take the Schick test. Of those that were positive some 25 or 30 were not given permits by parents to take the toxin-antitoxin. We are still having cases of diphtheria here. There is only one other thing to do to stop it. That is to take cultures from the throats and noses of all the school children. This we are doing. The first 75 taken showed that eight were carriers. These we are quarantining. Nobody likes it. We are sorry but we want to stop diphtheria. It can all be done easily if the people generally will cooperate. What the board of health advises is for the good of all and is advised by the best authorities in the country. But if the people wish to listen to a lot of hysteria from those who know nothing of what they are telling the community will have to pay the price in losses by death and sickness from diphtheria. We want your cooperation. The only dignified thing we can do is to tell the public the facts

Digitized by Google

and advise them. We can not and do not want to compel you to act accordingly. If you don't believe us we can not help it. If you want Ukiah to be free from diphtheria give us your cooperation and it will soon be done. If your child is found to be a carrier keep him or her isolated until they are no longer carriers as shown by cultures from the nose and throat. If you have a suspicious sore throat, don't expose any one until you are told by a physician that you are not a menace to the public. If the community nurse calls, give her every assistance. She is thoroughly trained and wants to help you and the public. Remember that neither the city or county health officer is paid to do this kind of work. They both earn many times the little salary they get in other work to protect the public.

"At Potter Valley the entire valley almost as a unit came to take the toxin-antitoxin. That is the right spirit. They will soon be so they need not fear diphtheria. Let Ukiah show the same cooperation.

"The toxin-antitoxin will be given free on following dates and places: Monday, November 12, at 9 a.m., at Ukiah grammar school. Calpella school, Tuesday, November 13, 9 a.m. Redwood Valley school, Tuesday, November 13, at 9.30 a.m. Potter Valley, Tuesday, November 13, at schoolhouse, at 10.30 a.m.

"If you prefer for your family physician to give this to you he will be supplied by the boards of health free with the toxin-antitoxin. All the physicians are cooperating to give these treatments and are giving their time free.

S. L. Rea, M.D.,
County Health Officer.

L. K. Van Allen, M.D.,
Ukiah City Health Officer."

Smallpox Still Maintains Increase.

Eighty-three cases of smallpox were reported last week and eighty-nine cases were reported during the preceding week. The increased prevalence of this readily preventable disease must be expected just so long as universal vaccination against the disease is refused. We shall be very fortunate if much larger numbers of cases are not reported during the weeks to come.

"Public health is the science and art of conscious physical adjustment between man and his surroundings in the universe. It is the science and art of human physical life."

—H. W. Hill, M. D.

Rat Population Increasing Rapidly.

Sanitary inspectors connected with local health departments, representatives of the United States Public Health Service stationed in California and the state sanitary inspectors report a tremendous increase in the rat population throughout California. This increase is noted in the large cities and in the small towns, as well as in the rural districts. It is reported, in fact, that the common rat is now invading the open fields and is becoming so numerous in some agricultural districts as to be a considerable factor in the destruction of crops and food products stored in warehouses, in both city and country, are constantly subject to the attacks of this rodent. Sea coast cities as well as interior cities are suffering through the hordes of rats that are invading both business and residence districts. The rat menace, almost everywhere in California, calls for prompt and continued warfare against these destructive and disease spreading rodents. The relation of the rat to the transmission of plague, in itself, constitutes sufficient reason for its extermination and the part that it plays in the tremendous economic losses caused by its destruction of foodstuffs demands intensive action in its control.

San Francisco has recently appropriated $5,000 to be used in rat extermination work and Monterey is in the midst of an elaborate and far-reaching campaign for the control of rats in that city. The chamber of commerce, health and other civic authorities are cooperating in this work which is already showing successful results.

There are many other cities in California that might well engage in similar warfare against the rat. Now is the time to throw out safeguards against plague, which is endemic in California rats and ground squirrels. Keeping down the rat and squirrel populations constitutes our best insurance against plague. The cost is not great. The success in any rat campaign depends largely upon the spirit of cooperation that can be developed in the community.

It is said that failure to carry on control measures during recent years is the chief factor in the enormous increase in the numbers of rats now observed. This disease-carrying rodent is without doubt one of civilizations' worst enemies. Unless work for its extermination is carried on persistently and continually conditions in any community may become so objectionable as to seri-

Digitized by Google

ously interfere with good living conditions as well as develop a serious health menace. Now is the time to attack the rat.

Federal Leprosarium Appropriation Insufficient.

The California State Board of Health takes a particular interest in the federal leprosarium at Carville, Louisiana, for it was largely through the activities of the board, in 1915, that the campaign for the establishment of this necessary institution was started. There are many lepers who are unable to be admitted to the institution because of the fact that new buildings are, as yet, uncompleted. The United States Public Health Service has just issued the following report concerning the building needs:

Costs of construction have increased 20 per cent in Louisiana since last spring, when congress provided $650,000 for the construction of additional buildins at Carville, Louisiana. The funds, therefore, are sufficient only for the erection of 17 cottages housing 12 lepers each, together with a dining room and kitchen building and additional power plants, water supply and sewage disposal units. The infirmary needed for treatment of the blind and crippled must await further appropriations.

There are now 174 lepers at Carville, every bed being filled, the inmates include men and women from nearly every state in the Union. The new buildings authorized will add 204 additional beds which will be immediately utilized, since there is a waiting list of more than 100 who wish to enter the institution and many other lepers in the United States aggregating, it is believed, more than 1000, whom it is desired to segregate as soon as facilities can be provided. One-fourth of the inmates at Carville are totally blind from the disease and the mutilations, especially of hands and feet, resulting from the disease are such as to remind one forcibly of Biblical descriptions.

The new construction which will be immediately undertaken will probably require several months for completion.

"The severity of an outbreak of a communicable disease will be determined by the relative susceptibility of the individuals making up a population, the type of virulence and degree of virulence of the microbe, the degree of exposure and the health and living conditions of the people."—William H. Park, M. D.

"Hurrah for positive science! Long live exact demonstration! Gentlemen, to you first honors always! Your facts are useful."

—Walt Whitman.

Childhood is Dangerous Age.

A classification, by certain age groups, of cases of communicable diseases reported in California during the first ten months of the present year reveals the fact that most communicable diseases occur in children of school age. This emphasizes the importance of supervision over the health of school children. Prompt exclusion from school of children who show any symptoms of illness is the standard procedure in preventing the spread of these diseases, and regular examinations by school nurses accomplish direct results in better control. The number of cases of communicable diseases, of all sorts, reported in California during the first ten months of the year, arranged by certain age groups, are as follows:

Age	Number of cases
1	1,388
1– 4	10,369
5– 9	21,876
10–14	6,891
15–19	2,641

Two More Typhus Cases Reported.

Two cases of typhus fever were reported last week making a total of six cases reported during the past two weeks. Attention was called, in last week's bulletin, to the continued presence of this disease in California, as well as to the urgent necessity for keeping it under control.

To Investigate Common Colds.

The United States Public Health Service is making an investigation into common colds among students of the University of California. This is part of an investigation undertaken in many universities throughout the country. The work consists, primarily, of the collection of case histories of respiratory diseases among university students. Questionnaires and blank forms are distributed, and, from the information received, it is believed that important data concerning the common cold will be gathered. Many thousands of these case histories, supplied by university students throughout the country, will provide a large amount of material for study. Whether it will be of assistance in solving the mystery of the common cold, remains to be seen.

Digitized by Google

MORBIDITY.*

Diphtheria.

283 cases of diphtheria have been reported, as follows: San Francisco 50, Los Angeles County 28, Los Angeles 78, Fresno County 7, Bakersfield 5, Berkeley 6, Lodi 5, San Diego 11, San Luis Obispo 1, Richmond 2, San Leandro 1, Ukiah 2, Stockton 1, Redlands 2, Santa Clara County 4, Vallejo 1, Mayfield 1, Salinas 1, Livermore 1, Yuba County 1, Redwood City 1, San Bernardino 2, Albany 1, Petaluma 1, Lindsay 1, Contra Costa County 6, Anaheim 3, Alameda 3, Colusa 1, Fowler 1, Vernon 1, Blythe 1, Sacramento 4, Long Beach 2, Huntington Park 1, Suisun 1, Whittier 1, Orange County 1, El Monte 2, Corona 1, Lake County 1, Lakeport 3, Watts 1, Lompoc 1, Merced County 1, Turlock 1, Shasta County 1, Tulare County 1, Oakland 30.

Measles.

238 cases of measles have been reported, as follows: San Francisco 114, Richmond 9, Paso Robles 10, San Jose 5, Santa Rosa 11, San Luis Obispo County 12, Riverside 5, Monterey County 8, Berkeley 14, Lompoc 6, Lake County 1, Sutter Creek 1, Tulare County 2, Santa Clara County 1, San Luis Obispo 1, Marin County 1, Ontario 2, Humboldt County 3, Hanford 2, Salinas 1, Newman 1, Contra Costa County 1, Pasadena 1, Mendocino County 2, Sacramento 1, Riverbank 1, Alameda 1, La Verne 4, Long Beach 1, Los Angeles County 1, Los Angeles 5, Oakland 10.

Scarlet Fever.

174 cases of scarlet fever have been reported, as follows: Los Angeles County 15, Los Angeles 32, San Francisco 27, Tulare County 8, Fresno County 9, Pomona 7, Whittier 13, South Pasadena 1, Livermore 2, Stanislaus County 5, San Bernardino 2, Martinez 1, Newman 1, Santa Cruz 2, San Luis Obispo County 3, Orange County 3, Tehama County 3, Stockton 2, Selma 1, Modoc County 1, Sacramento 4, Watsonville 1, Mendocino County 2, Riverside 2, San Joaquin County 1, Santa Cruz County 2, Santa Maria 1, Alhambra 3, Long Beach 3, Hawthorne 1, Ontario 2, Hermosa Beach 1, Huntingto Park 1, Oakland 12.

Whooping Cough.

29 cases of whooping cough have bee reported, as follows: Pasadena 12, Contr Costa County 1, Alhambra 2, Brawley 2 San Francisco 3, Lodi 2, Berkeley 1, Glen dora 2, Stockton 1, Los Angeles 3.

Smallpox.

85 cases of smallpox have been reported as follows: Los Angeles 43, Los Angele County 40, Riverside 1, Oakland 1.

Typhoid Fever.

16 cases of typhoid have been reported, a follows: Los Angeles County 2, Santa Bar bara County 1, San Bernardino County 2 Long Beach 1, Pasadena 1, San Francisco 3 Daly City 1, Santa Rosa 1, Visalia 1, Merce County 2, California 1.

Epidemic Encephalitis.

Los Angeles reported two cases of epidemi encephalitis.

Typhus Fever.

Los Angeles reported two cases of typhu fever.

Anthrax.

Colusa reported one case of anthrax.

Cerebrospinal Meningitis.

Stockton and Los Angeles each reporte one case of cerebrospinal meningitis.

Leprosy.

Los Angeles County reported one case o leprosy.

Poliomyelitis.

10 cases of poliomyelitis have been re ported, as follows: Los Angeles County 1 Long Beach 2, Tulare County 1, Visalia 1 San Francisco 1, Monrovia 1, San Joaquin County 1, Selma 1, Los Angeles 1.

*From reports received on November 19th and 20th for week ending November 17th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Nov. 17 received by Nov. 20	Week ending			Reports for week ending Nov. 18 received by Nov. 21
	Oct. 27	Nov. 3	Nov. 10		Oct. 28	Nov. 4	Nov. 11	
Anthrax	0	0	1	1	0	0	0	0
Cerebrospinal Meningitis	2	5	4	2	1	1	3	2
Chickenpox	61	60	91	175	50	67	76	76
Diphtheria	229	228	251	283	227	250	232	176
Dysentery (Bacillary)	3	6	0	4	2	3	2	0
Epidemic Encephalitis	1	2	3	2	3	1	0	0
Gonorrhoea	86	133	128	79	125	229	92	63
Influenza	12	14	23	27	16	31	32	19
Leprosy	0	0	1	1	0	0	0	0
Malaria	7	3	4	2	3	8	7	3
Measles	221	314	317	238	17	10	20	13
Mumps	15	31	14	14	24	21	20	13
Pneumonia	43	46	44	67	56	84	76	61
Poliomyelitis	21	9	8	10	0	2	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	133	158	179	174	152	164	191	133
Smallpox	51	74	89	85	8	11	13	9
Syphilis	96	122	174	109	92	211	85	58
Tuberculosis	194	141	229	118	144	146	104	71
Typhoid Fever	25	25	20	16	32	17	18	12
Typhus Fever	0	0	4	2	2	0	0	1
Whooping Cough	27	28	57	29	36	37	69	49
Totals	1227	1399	1641	1438	1000	1293	1040	758

27543 11-23 3500

E PRINTING OFFICE

Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 42 DECEMBER 1, 1923 GUY P. JONES EDITOR

Simple Facts About Diphtheria Prevention.

¶ Toxin-antitoxin will prevent diphtheria.

¶ Toxin-antitoxin and antitoxin are two different products.

¶ Toxin-antitoxin does not give protection against diphtheria immediately. Immunity against the disease is not acquired until at least three months after the administration of the toxin-antitoxin. It then gives protection for a long period of time, probably for life.

¶ Antitoxin is used for the treatment of diphtheria and for giving protection at once to persons who have been exposed to the disease. Persons who have been previously protected by means of toxin-antitoxin will not need antitoxin.

¶ Antitoxin affords protection against diphtheria for a short period of time—two or three weeks. Toxin-antitoxin affords protection, probably, for life.

¶ This preventive against diphtheria, toxin-antitoxin, should be given to all children before they reach the age of two years.

¶ Of the 6980 children who contracted diphtheria in California during the first ten months of this year, 1289 were less than five years old and 3587 were between five and fourteen years of age.

¶ Of the 599 persons who died of diphtheria in California during 1922, 220 were less than five years of age and 333 were between five and fourteen years of age.

¶ During the past five years there have been 30,153 cases of diphtheria in California, with 2148 deaths.

¶ Most of these cases and deaths from this disastrous disease can be prevented by giving children the protection against diphtheria which is afforded by toxin-antitoxin. It is harmless and is as effective as vaccination against smallpox or typhoid.

¶ The administration of toxin-antitoxin is not like a smallpox vaccination. It does not cause a sore on the arm as does smallpox vaccination. It produces little or no reaction in the individual to whom it is given.

¶ There is no excuse for 599 deaths from diphtheria occurring in California during a single year, when an efficient and harmless preventive, toxin-antitoxin, is available.

¶ The discovery and application of toxin-antitoxin as a preventive of diphtheria is the most recent and spectacular advance in public health.

¶ During recent years diphtheria cases and deaths have been increasing in California. Toxin-antitoxin, the diphtheria preventive, will bring about a reduction in both morbidity and mortality.

¶ Cases and deaths from diphtheria in California during recent years are as follows:

Year	Cases	Deaths
1918	3117	204
1919	3073	266
1920	5784	451
1921	9465	628
1922	8714	599
1923 (January-October)	6980	476

¶ Every child in California should be given the preventive against diphtheria, toxin-antitoxin, without further delay.

"Everything that exists is in a manner the seed of that which will be."

—Marcus Aurelius.

Digitized by Google

Top-Minnows Work in California Waters.

Mr. Louva G. Lenert, Sanitary Engineer, in charge of mosquito control work for the California State Board of Health, presented a paper upon the progress of malaria control in California at the recent meeting of California health officers, held at Coronado. Regarding the success of top-minnows in mosquito control work, he said:

"The outstanding feature of improved mosquito control methods has been the phenomenal success attending the propagation and distribution of top-minnows throughout the state. In April, 1922, a shipment consisting of 590 fish, scientifically known as *Gambusia affinis*, was received from Austin, Texas, followed by another shipment of 500 from Hearne, Texas, a month later. Both shipments were planted in the Fort Sutter lily pond in Sacramento and allowed to propagate unmolested with the exception of two shipments of 600 fish each, sent to Oroville and Anderson in July, for the establishment of new hatcheries in those places. It was not until early April of this year that a satisfactory basis for their release was arranged for, consequently their general distribution was not begun until this season. More than twenty-five hatcheries have been established, from Redding in the north to Santa Ana in the south, most of which have far exceeded the most sanguine expectations.

Gambusia affinis is a viviparous fish, giving birth to live young. The breeding season is roughly from April to October, during which period a single female averages 6 to 8 broods of 40 young each. The female attains an average size of about 2½ inches in length, while the male rarely reaches more than half that length. An average sized fish may be expected to consume more than 100 mosquito larvae per day. These are but a few of the high spots concerning this remarkable fish.

The Anderson hatchery is a wonderful illustration of the efficiency and prolificness of *Gambusia affinis*. Six hundred fish were placed in the old clay pit of the Anderson brickyard which is flooded with water to an area of possibly five acres. One year later, 60,000 fish were taken from a shallow section of the pond ten feet wide and 60 feet in length. This was less than a 300th part of the lake's surface, yet the reduction in this small area was not readily noticed. If the number remaining in the pond is in any way proportional to the area involved (and there is every reason to believe this is the case) the problem looks more like one of German finance than that of fish reproduction.

The fish removed on this day were distributed throughout the Anderson Mosquito Abatement District and their subsequent increase in the various streams and waterways has been phenomenal, reducing to a very large extent the necessity of using oil on these places. Wherever these top-minnows have been planted and sufficient time has elapsed for their reproduction, almost perfect mosquito control has resulted.

An exception to this was found in a log pond at Oroville. Excellent control was maintained until the month of June, after which the water in the pond became an inky black and very foul, a condition caused by rotting bark, turpentine, etc., from the logs stored in the pond. Practically all of the fish have since died and it has been necessary to return to the use of oil for mosquito control.

It has never been recommended that *Gambusia affinis* be used alone in mosquito control work, but with their proper distribution, it is believed that 75 per cent of mosquito breeding in most California communities can be controlled."

Disinfect Shaving Brushes With Iodine.

Cases of anthrax, due to the use of infected shaving brushes, are not of uncommon occurrence. It is important that new brushes, the source of manufacture of which is unknown, should be thoroughly disinfected before use. Most manufacturers of shaving brushes thoroughly sterilize the hair before it is made up in brushes. It is believed, however, that there are certain stocks of brushes on the market that may be infected with anthrax spores.

A new method of disinfecting hair has recently been devised, which is said to be superior to the method that has been used during the past four years. The new way consists of soaking the brush for two hours in a one per cent solution of iodine, using a small amount of iodide of soda to facilitate the dissolution. The mixture should be warm and it should be agitated frequently during the process of disinfection. At the end of the two-hour period the brush should be placed in a bath of ordinary hypo-sulphate of soda in order to remove the iodine stain.

HOW THE PUBLIC HEALTH LABORATORIES SERVE YOU.

Probably neither the general public nor the medical profession fully appreciates the service rendered them by public health laboratories. These institutions had their beginning about fifty years or more ago, in the evident need of making analyses of food and drink. Before the advent of bacteriology, it was clearly recognized that disease occasionally resulted from the use of bad water or decomposed food. It was evident that the householder could not make analyses of the water supplied by the city or by a water company, and he was equally helpless when a question arose as to the purity of the milk supplied to his family by the dairyman, or of articles of food purchased from the grocer. Everybody admitted that it was a duty of the state or the municipality to protect its citizens from the effects of contaminated water and bad food. Thus public health laboratories came into being, and they have not only justified their continuance, but also made possible their expansion by the good that they have accomplished. These laboratories have greatly extended the scope of their work until now they play a large part in determining sickness and death rates. It is safe to say that deprivation of their aid even for one short year would result in the spread of infectious diseases and in an ascending death rate.—Hygeia.

Digitized by Google

Issue Vaccination Order to Employees.

The Standard Oil Company has issued an order to all employees in those districts of California where smallpox is epidemic, which requires that they be vaccinated against the disease. If the employees of all business firms were vaccinated against smallpox, immense sums of money, now lost in lower production, wages, and time, would be saved to both employer and employee. To be vaccinated against smallpox constitutes a sound business principle. Many commercial houses are taking advantage of this procedure simply as an economy measure.

Don't Run Motor in Closed Garage.

With the approach of colder weather it is in order to issue a warning regarding the danger of asphyxiation from motor exhaust gases released in closed garages. Every year this warning is issued, but the repetition is worthy if it may be the means of saving a human life. Motor exhausts contain carbon monoxide, which is as deadly in motor exhausts as it is in gas used for cooking and illumination. Motors should not be run in closed buildings. It pays to be careful.

"An individual is as superb as a nation when he has the qualities which make a superb nation." —Walt Whitman.

"For know, whatever was created needs to be sustained and fed."—John Milton.

"Every life is a warfare, and that long and various."—Epictetus.

"It should be recollected that seventy years ago the prospect of conquering typhus or even typhoid seemed, even to experienced experts, a chimerical mirage. Yet typhus is gone and typhoid controlled. Smallpox was equally baffling. The conquest of these diseases, which we now enjoy as our rightful inheritance, was achieved by means simple enough when known. They were perhaps not easier to discover than the means of control of cancer.

"If the cause and cure of cancer are to be found there must be continued and persistent investigation." —Sir George Newman, **Medical Officer of Health, Great Britain.**

It is needful and proper that cancer, which is the most insidious and fatal disease of human life, be fought with all the intelligence, faith and encouragement which can be brought against it. In this way, and in this way only, can its fearful ravages be overcome.

—Geo. A. Soper, Ph.D.

Stop Littering County Highways.

Rather than pay a scavenger to haul away garbage and other refuse from their premises, many irresponsible residents of our cities allow these domestic wastes to accumulate as long as possible, whereupon they haul the refuse in the family automobile to the outskirts of the city, where they dump it along the highways. One of the interior counties of California conducts an annual clean-up of tin cans and similar wastes scattered along the highways near the county seat. Thirty big truck loads of such trash are thus gathered up each year. In spite of all efforts to apprehend the perpetrators of this pernicious custom, the rubbish continues to accumulate. Concerning this practice the Stockton *Record* says:

"It costs the taxpayers real money to clean up after these derelicts. But that is not the worst part of it. The refuse along the highways is not only offensive to the finer senses of our own people but it reacts on visitors to the detriment of the city and the county. Good impressions are invaluable and Stockton should overlook no opportunity to create them. If we can not stop this garbage strewing practice by law, can we not correct the evil either by appealing to public pride or sense of shame?"

New Motion Picture on Maternal Welfare.

The Children's Bureau of the United States Department of Labor has announced the production of a two-reel motion picture entitled "Well-Born." The picture is a simple and convincing presentation of the value of prenatal care. The acting is said to be intelligent and sympathetic and the photography is unusually good. The two reels of film will be lent to responsible persons and agencies by the Children's Bureau, with the understanding that the borrower will pay express charges from Washington, and return, will employ a competent motion picture operator and will guarantee the safe keeping of the films.

"To find, to fashion and fulfill,
The cleaner life, the sterner code."
Rudyard Kipling.

"Health is a great matter, both to the possessor of it and to others. There is no kind of achievement you could make in the world that is equal to perfect health."

—Thomas Carlyle.

Digitized by Google

MORBIDITY.*

Diphtheria.

338 cases of diphtheria have been reported, as follows: San Francisco 74, Oakland 29, Los Angeles 77, Los Angeles County 24, Merced County 12, Berkeley 10, Santa Clara County 7, San Bernardino 6, Stockton 11, Long Beach 9, Glendale 6, San Diego County 7, Santa Rosa 2, Beverly Hills 1, Sonora 1, San Luis Obispo County 5, San Luis Obispo 1, Burbank 1, San Joaquin County 1, Monterey County 2, Redwood City 1, Sacramento 4, Contra Costa County 5, Orange County 1, Sonoma County 1, San Fernando 3, Manhattan Beach 1, Pasadena 1, Riverside 2, Pomona 1, Ventura County 1, Benicia 1, Lodi 1, Fresno County 3, Madera County 1, Tulare County 1, Richmond 1, Alameda 2, Yuba County 1, Sacramento County 3, Kern County 3, Anaheim 5, Napa County 1, San Bernardino County 1, San Diego 7.

Measles.

286 cases of measles have been reported, as follows: San Francisco 155, Santa Rosa 12, Berkeley 16, Eureka 8, San Luis Obispo County 5, Los Angeles 6, Petaluma 14, Monterey County 13, Sonoma County 9, Burlingame 6, Palo Alto 4, Santa Clara County 2, Mendocino County 2, Alameda 2, San Leandro 1, Glendale 2, Redwood City 1, Alhambra 1, Ontario 1, Lompoc 1, Long Beach 1, Riverside 1, Tulare County 1, San Joaquin County 2, Manteca 1, Pasadena 2, El Monte 1, Los Angeles County 3, LaVerne 4, Contra Costa County 1, Oakland 5, Napa County 2, San Diego 1.

Scarlet Fever.

223 cases of scarlet fever have been reported, as follows: Los Angeles 48, Los Angeles County 26, San Francisco 27, Oakland 18, Colusa County 5, Kern County 7, Long Beach 6, Whittier 10, San Bernardino 3, Tehama County 3, Merced County 1, Santa Ana 3, Chula Vista 1, Bakersfield 1, Taft 6, Tulare County 3, San Joaquin County 1, Stockton 3, Tracy 2, Manteca 2, Sacramento 2, Santa Cruz County 2, Watsonville 2, Livermore 4, San Fernando 1, San Gabriel 1, Pomona 4, San Diego County 2, San Bernardino County 3, Riverside 2, Pasadena 2, Huntington Park 2, Eureka 1, Vallejo 3, Fresno County 4, Healdsburg 2, Berkeley 3, Escondido 3, San Bernardino County 1, San Diego 3.

Whooping Cough.

23 cases of whooping cough have been reported, as follows: Santa Rosa 1, Contra Costa County 1, Williams 1, Eureka 4, Los Angeles 3, Stockton 1, Plumas County 2, Pasadena 3, Alhambra 2, Los Angeles County 1, San Diego 4.,

Smallpox.

82 cases of smallpox have been reported, as follows: Los Angeles 35, Los Angeles County 20, Long Beach 8, Pomona 7, Orange County 2, Glendale 1, Santa Monica 1, Riverside 3, Kern County 4, Burbank 1.

Typhoid Fever.

25 cases of typhoid have been reported, as follows: Los Angeles County 3, Los Angeles 7, San Leandro 1, Burbank 1, San Francisco 3, San Bernardino County 1, Santa Barbara County 1, Pasadena 2, Plumas County 1, California 5.

Poliomyelitis.

9 cases of poliomyelitis have been reported, as follows: Kern County 1, Monrovia 1, Los Angeles County 2, Los Angeles 2, Long Beach 1, Orange County 2.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Los Angeles 1.

Cerebrospinal Meningitis.

4 cases of cerebrospinal meningitis have been reported, as follows: Sacramento 1, San Francisco 1, Long Beach 1, Gilroy 1.

Epidemic Jaundice.

Anaheim reported one case of epidemic jaundice.

*From reports received on November 26th and 27th for week ending November 24th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Nov. 24 received by Nov. 27	Week ending			Reports for week ending Nov. 25 received by Nov. 28
	Nov. 3	Nov. 10	Nov. 17		Nov. 4	Nov. 11	Nov. 18	
Anthrax	0	1	1	0	0	0	0	2
Cerebrospinal Meningitis	5	4	4	4	1	3	2	2
Chickenpox	60	91	193	113	67	76	144	76
Diphtheria	228	251	324	338	250	232	262	199
Dysentery (Bacillary)	6	0	5	0	3	2	0	1
Epidemic Encephalitis	2	3	4	2	1	0	0	1
Epidemic Jaundice	0	0	0	1	0	0	0	0
Gonorrhoea	133	128	83	150	229	92	90	67
Influenza	14	23	27	28	31	32	24	18
Leprosy	0	1	1	0	0	0	0	1
Malaria	3	4	2	3	8	7	3	0
Measles	314	316	265	286	10	20	14	13
Mumps	31	14	22	27	21	20	19	20
Pneumonia	46	44	82	55	84	76	92	74
Poliomyelitis	9	8	11	9	2	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	158	179	195	223	164	191	187	145
Smallpox	74	88	93	82	11	13	9	17
Syphilis	122	174	111	80	211	85	95	90
Tuberculosis	141	229	134	175	146	104	136	140
Typhoid Fever	25	20	21	25	17	18	24	18
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	28	57	34	23	37	69	57	32
Totals	1399	1635	1612	1633	1293	1040	1158	916

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 43 DECEMBER 8, 1923 GUY P. JONES EDITOR

Work of Infant and Maternal Welfare Nurse.

In addressing the health officers of California at Coronado recently Dr. Ellen S. Stadtmuller, director of the Bureau of Child Hygiene of the California State Board of Health, outlined the work of the nurse under the Sheppard-Towner law and also explained the application of this federal law to California. She said:

Essentially, the Sheppard-Towner law is a subsidy law granting funds in two different ways to each state accepting its provisions: first, $5,000 annually, outright, as a gift to those accepting its provisions; second, from $1,000,000, $5,000 more to each state if matched by a like sum from the state; of the residue of this $1,000,000 each state is entitled to its proportion on the basis of population, again if matched by state funds.

There are two other essential provisions in the law aside from its outline for federal administration and for placing state administration with the existing child hygiene bureau. The first of these is that it permits no interference by the public officials between parent and child; and the second, which is less clearly understood, is that it permits no purchase, equipping or benefiting of maternity homes. In other words, these funds are not to be used to aid mothers in confinement.

In outlining our work I have divided it into three fields which I will take up consecutively: stimulation of local work, including the foundation of health centers; centralized educational work and statistical work.

To stimulate local interest in maternal and child health we have used the same means with the counties that the federal government used with the states. That is, offer them money sufficient to pay the salary of a public health nurse for one year to cover the field of prenatal and child hygiene, if the county would match this sum by one sufficient to pay for the nurse's transportation, the housing, lighting and equipping of the health center. In prenatal work especially it is necessary for the nurse to be able to visit the mother in her own home and to adapt her instructions to the resources of the family and the intelligence of the mother. Consequently, I wish our nurses to have a machine and its upkeep in order to be able to reach the isolated rural mother. I should point out that the machine and the equipment remains county property and can be included in the county inventory for the following year. The idea in limiting the nurse's time in a county to one year is two-fold: we desire her to serve as a demonstration to the community of the need for such work in their midst. Originally we had intended to cover the whole state, placing twelve nurses a year for five years. Though we will not now be able to carry out this plan we expect to cover, with this kind of service, as many counties as our finances permit. By placing her expenses on the county pay roll in the return subsidy system we open the road for the county to assume

Digitized by Google

the entire expense of the nurse for the following year.

The health center is the entering wedge in the community as mothers will often seek advice for their little ones that they would not seek originally for themselves. In these centers expectant mothers may obtain information concerning their own care before the birth of the child, both by individual instruction and by class demonstration. Here, too, the oral hygiene of the child's life may be guided in detail. It is not intended in these centers to replace, in any way, the care of the family physician, our field being very strictly limited to preserving and advancing general health. Such centers should be sharply differentiated from clinics for the treatment of the sick as their purpose is general education for all classes and not medical care of indigents.

At present we have six county nurses placed in California, whose counties have been chosen with certain conditions in mind. First, a high infant and maternal mortality over a period of years; second, a rural area not doing as much work in public health as our more urban centers; third, equal geographic distribution of counties in northern, central and southern sections of the state. Then, too, we have been obliged to be guided somewhat by the response of the county in interest and in raising the return budget. Besides these six nurses we will be able to provide a portion of the salary of other nurses doing county work, paying for a certain proportion of their time weekly so that they will be able to devote this time to maternity and preschool cases. At present we have plans for four such part-time salaries and may be able to finance four more.

In placing a nurse in a county with the return budget mentioned she has been provided with a committee consisting of the health officer, a delegate from the county medical society, and a small number of interested people who serve to establish her standing in the community. Beside this central committee the nurse forms her own local groups who aid her in her actual conferences. Our bureau furnishes her with record systems, literature and demonstration material.

I should here digress to point out that, in work of this kind, special care should be exercised in the choice of a nurse. Public health nursing on the whole requires an individual of exceptional qualifications but in the limited field of this kind even greater care must be exercised to choose one with special preparation. In the first place it is essential that the nurse have a thorough basic training, for questions continually arise which she is only able to answer if she has had a good education in her training course. Then, too, she must understand general public health nursing because in the course of her maternal and infant work questions will constantly arise that have to do with such fields as tubercular and contagious disease nursing. Her information and frame of mind must lead her to consider the preventative rather than the curative side of nursing in order to cope properly with public health questions. Third, she must have a real love for maternity work and special training along the lines of maternal and child hygiene, as these form a very distinct field of public health activities. In order to be able to give mothers intelligent and scientifically accurate advice the nurse must, herself, possess the information along these lines. She must also be able to cooperate with a number of physicians, each one of whom will have certain ideas of his own on these questions. It is of advantage if the nurses covering this field present a uniform program to the public as it is very disconcerting for mothers to obtain one kind of information in one place to be met with contradictory instructions in another. The nurse must, too, have a grasp of community organization and the best methods for obtaining and retaining the interest of different groups in her community in the progress of her work. A pleasing personality and ability to speak before public groups should be included in the list of the activities that she will be required to cover so that she needs a very general education.

It has been our conception of the nurse's work that she should be able to reach the individual mother or child at home in order to establish friendly relations and to be able to advise the mother with an idea of her home conditions so that her advice might not go beyond the financial possibilities of the home.

We hope that there will be closest cooperation between Sheppard-Towner nurses and the doctors within their territory. In instructing our nurses we always lay emphasis on the necessity of the patients being placed under the doctor's care as early in pregnancy as possible. The public health nurse can materially assist by educating the mothers in this need. A part of the nurse's service to the community will be that which she can render to the

Digitized by Google

doctors as an intelligent assistant in watching their patients month by month where the doctor, himself, can not make these calls and where the patient does not visit the doctor regularly. The nurse can give minute instructions concerning diet, hygiene, sterilization in the home and preparations for confinement, conserving the busy doctor's time and assisting the mother in the actual carrying out of instructions. She can watch for symptoms of toxemia and her assistance is valuable in persuading the patient of the need of immediate medical advice. Our instructions to our nurses have always included the obtaining of permission from the physician before making a second visit to one of the patients.

Organize Society for the Blind.

An organization, the California Society for the Blind, has been established in San Francisco recently in order to provide a comprehensive agency for the promotion of work leading to the prevention of blindness and the welfare of the blind. The following projects are announced in the program of the organization.

The organization of a state-wide campaign for the prevention of infant blindness and blindness from industrial accidents and other causes.

The establishment of a nursery and kindergarten for blind children of preschool age.

The securing of more adequate provisions for the education of intelligent blind children, and for the separate housing and proper care of the feebleminded blind.

Agitation for more adequate provisions for the indigent and helpless blind, particularly the aged.

The establishment of special wards for eye cases in the larger hospitals of the state.

Definite assurance of the continuation of home teaching for the adult blind.

The development of vocational training and education of the blind.

The establishment of a placement agency for blind persons who are endeavoring to become self-supporting.

Reading Material for Sick Children.

The American Library Association of Chicago, a nonprofit organization, has issued a publication, "The Hospital Library," which gives valuable information relative to reading material for persons who are sick or convalescent. A chapter entitled "On the Children's Wards" indicates the educational value of the hospital library and suggests the therapeutic value of books. While "The Hospital Library" does not deal, specifically, with health education, its lists of books for children suggest the possibilities for the health education of convalescent children by means of the proper sort of books.

The Health Care of Children.

"I see no way out of the present tangle in which the human race finds itself because of its inability to cooperate and its failure in mutual understanding," said President Ray Lyman Wilbur of the American Medical Association recently, "except through the education and physical care of the child." The problems of the future must be settled by the children of today and in so far as these children have had insufficient food and have had to go through abnormal experience with disease or mental shock, it is inevitable that some lasting degeneration, both of body and mind, has been produced. Changes in modern civilization have brought about a serious state of affairs with relation to the health of the child. When the child obtained his bodily development from work about the home and the farm, the problem was not so important, but nowadays the chief stress placed on the child is a long stretch of time spent in receiving adequate mental training. During this period the provision of proper food, adequate exercise and sufficient sleep should be given at least as much attention as the subject matter of the courses in mental training. Furthermore, the control of such minor diseases as the infections of childhood, weakness of vision, decay of the teeth and inequalities of growth, is of the highest importance in the child's future. "If I had the problem of elevating the general moral and mental tone of a backward community," President Wilbur continued, "I would seek the services of the public health worker, the sanitarian and the personal physician even before those of the teacher. Health education must go forward hand in hand with that of the mind." Spoken by the president of the largest organization of physicians in the world and at the same time by a man who is president of Stanford University, one of the greatest educational institutions in America, these words demand serious consideration.

Digitized by Google

MORBIDITY.*

Diphtheria.

279 cases of diphtheria have been reported, as follows: Los Angeles 78, Los Angeles County 21, San Francisco 67, Santa Rosa 3, Santa Ana 2, Merced County 4, Richmond 1, Stanislaus County 2, Santa Cruz County 1, Santa Clara County 2, Redwood City 2, Marin County 1, Fullerton 1, Dinuba 1, Sonoma County 3, San Luis Obispo 1, Whittier 1, Huntington Park 2, Hawthorne 1, Salinas 1, San Fernando 1, Corona 1, Sonora 1, Orange County 4, LaVerne 1, Monterey County 1, Oroville 1, Santa Paula 2, Alameda County 1, Riverside 3, Alameda 1, Sacramento 4, Long Beach 2, Fresno County 4, Oakland 15, Oroville 1, Santa Paula 2, Corona 1, National City 3, Sacramento County 10, Madera County 1, Redlands 1, Solano County 2, Ontario 3, San Luis Obispo County 1, South Pasadena 1, Berkeley 8, San Diego 8.

Measles.

276 cases of measles have been reported, as follows: San Francisco 128, Santa Rosa 12, Santa Cruz 10, Los Angeles 5, Salinas 5, Sonoma County 10, La Verne 8, Monterey County 5, Richmond 2, Contra Costa County 1, Visalia 1, Alhambra 1, El Monte 2, Long Beach 2, Chico 2, San Benito County 4, Fort Bragg 3, Pomona 1, Compton 1, Huntington Park 1, Los Angeles County 2, San Joaquin County 4, Alameda 1, Oakland 4, San Luis Obispo 36, Sierra Madre 1, Solano County 2, Ontario 9, Palo Alto 1, Lompoc 3, Hanford 1, Berkeley 8.

Scarlet Fever.

214 cases of scarlet fever have been reported, as follows: San Francisco 28, Los Angeles 46, Los Angeles County 12, Pomona 7, Whittier 12, Taft 10, San Leandro 1, Stanislaus County 1, Tulare County 4, Santa Clara County 1, San Joaquin County 4, Lodi 1, Manteca 1, Huntington Park 2, Covina 2, Monrovia 1, Reedley 3, Sonoma County 1, Santa Barbara 1, Pasadena 2, Orange County 2, Compton 2, Santa Cruz County 2, Long Beach 2, Riverside 3, Stockton 4, Lassen County 3, Alameda 4, Sacramento 2, Fresno County 7, Oakland 19, Burbank 1, Santa Paula 1, National City 4, Sacramento County 1, Newman 1, Colusa 1, Colusa County 2, Ontario 2, South Pasadena 1, Madera County 1, Berkeley 4, San Diego 5.

Whooping Cough.

14 cases of whooping cough have been reported, as follows: San Francisco 1, Long Beach 1, Pasadena 2, Fresno County 5, San Diego 5.

Smallpox.

106 cases of smallpox have been reported, as follows: Los Angeles County 40, Los Angeles 41, Santa Ana 1, Pomona 3, Compton 2, Pasadena 1, Orange County 4, Santa Paula 4, Riverside 2, Lassen County 1, Long Beach 1, Fresno County 4, Santa Paula 2.

Typhoid Fever.

26 cases of typhoid have been reported, as follows: Richmond 1, Tulare County 1, San Joaquin County 1, Los Angeles County 1, Eureka 1, Imperial County 1, Orange County 3, Sonoma County 3, Chico 1, Oroville 1, Los Angeles 4, Lindsay 2, Fresno County 1, Oakland 1, California 2, San Luis Obispo 1, San Diego County 1.

Poliomyelitis.

10 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Los Angeles County 1, Santa Barbara 1, San Gabriel 1, Long Beach 1, Oakland 2, Berkeley 2.

Cerebrospinal Meningitis.

San Francisco reported 2 cases of cerebrospinal meningitis.

Rocky Mountain Spotted Fever.

Los Angeles reported 1 case of Rocky Mountain Spotted Fever.

Typhus.

Los Angeles reported 1 case of typhus fever.

*From reports received on December 3d and 4th for week ending December 1st.

COMMUNICABLE DISEASE REPORTS.

Disease	1923 Week ending Nov. 10	Nov. 17	Nov. 24	Reports for week ending Dec. 1 received by Dec. 4	1922 Week ending Nov. 11	Nov. 18	Nov. 25	Reports for week ending Dec. 2 received by Dec. 5
Anthrax	1	0	0	0	0	0	2	0
Cerebrospinal Meningitis	4	4	5	2	3	2	2	0
Chickenpox	91	194	125	117	76	144	109	73
Diphtheria	251	324	357	279	232	262	230	205
Dysentery (Bacillary)	0	5	0	0	2	0	1	1
Epidemic Encephalitis	3	4	2	0	0	0	1	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	128	83	161	90	92	90	81	166
Influenza	23	24	30	26	32	24	34	15
Leprosy	0	0	0	0	0	0	1	0
Malaria	4	2	4	1	7	3	0	2
Measles	316	265	315	276	20	14	14	19
Mumps	14	22	27	21	20	19	23	20
Pneumonia	44	82	56	48	76	92	83	97
Poliomyelitis	8	11	9	10	0	0	1	0
Rocky Mt. Spotted Fever	0	0	0	1	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	179	198	255	214	191	187	170	167
Smallpox	88	92	83	106	13	9	17	16
Syphilis	174	112	94	135	85	95	93	109
Tuberculosis	229	134	199	97	104	136	146	95
Typhoid Fever	20	20	29	26	24	18	20	13
Typhus Fever	4	2	0	1	0	1	1	0
Whooping Cough	57	34	27	14	69	57	37	51
Totals	1638	1613	1778	1464	1040	1169	1066	1053

Digitized by Google

27543 12-23 3500 CALIFORNIA STATE PRINTING OFFICE

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 44 DECEMBER 15, 1923 GUY P. JONES EDITOR

Some Historical Facts About Toxin Antitoxin.

¶ The possibility of using toxin antitoxin in the active immunization of children against diphtheria was first suggested and discussed by Theobald Smith, an American physician, in 1907.

¶ First attempts at immunizing human beings against diphtheria, by means of toxin antitoxin, were made by von Behring of Berlin in 1913.

¶ The standardization of this method of immunization against diphtheria and its practical application to large groups of individuals were begun by Park of New York City late in 1913.

¶ Since 1916 Park and Zingher have advised the active immunization of children by means of toxin antitoxin.

¶ In New York City, up to January 1, 1922, at least 15 per cent of the total number of children in the schools had been immunized against diphtheria by means of toxin antitoxin and about 10 per cent of the parents of that city had their children of preschool age immunized. In two years the diphtheria death rate for New York City fell from 22 per 100,000 population to 16 per 100,000 population.

¶ It has been definitely established that immunity in at least 90 per cent of children so immunized is for more than six years and probably for the remainder of their lives.

¶ For the good of California children they should be immunized against diphtheria by means of this preventive, toxin antitoxin. The best way to reduce the prevalence of this disastrous disease is through the use of this preventive. To extend its application is to save much suffering and many deaths among the children of California.

California Smallpox Record for a Decade.

Last year brought the greatest number of deaths from smallpox during a single year and there were almost as many deaths during the year 1921, when 5581 cases were reported. Smallpox is showing an increase within the state at the present time. Following are the numbers of cases and deaths from the disease in California during the past ten years:

Year	Number of cases	Number of deaths	Death rate
1913	800	15	0.55
1914	677	1	0.03
1915	336	3	0.15
1916	234	12	0.44
1917	329	13	0.43
1918	1069	3	0.09
1919	2002	5	0.24
1920	4486	4	0.11
1921	5581	19	0.55
1922	2129	20	0.54

FUTURE OF HEALTH OFFICER.

In these progressive times there is a magnificent future for the medical officer of health. "Prevention is better than cure," and though he will frequently be expected to prevent the unpreventable, and remove the irremovable, his opportunities to improve the physical condition of the people will be abundant, and his influence for good on the health of the community enormous. In all circumstances, and on every possible occasion, he should strive to work hand and glove with the practitioners in his district—his work then will be far easier of accomplishment and more satisfactory in achievement than if a state of armed neutrality or open warfare existed between him and them.—E. B. Turner.

Digitized by Google

The Smallest Disease Germs.

During the latter part of the nineteenth century, the term filtrable virus was introduced in medical literature to describe a group of disease-producing agents, so small that they could pass through an earthenware filter, the pores of which were smaller than the smallest bacteria then known. Since these organisms were so minute that they could not be seen with a high powered microscope, it became customary to speak of them also as ultramicroscopic organisms. Later it was found that if these organisms were properly stained, their presence could be determined under the microscope, and the latter term was discarded. It is an interesting fact, as pointed out by Dr. Charles E. Simon, that the first representative of this class of disease-producing agents was an organism causing the mosaic disease of the tobacco plant. This was described in 1892. Two scientists were able to show in 1898 that the cause of hoof and mouth disease was an organism of this character, and it was suggested at that time that other conditions, such as scarlet fever and measles, might also be due to filtrable viruses. Finally, in 1913, a list of forty-one diseases, affecting man and various animals, was assembled, in which satisfactory evidence seemed to have been collected that the causative organism was of this character. Since that time a number of other conditions have also been definitely connected up with the activity of such small bacteria. The most recent investigations concern the relationship of a filtrable virus to epidemic encephalitis, epidemic influenza, measles and trachoma. Numerous investigators have shown, by injection of material taken from patients with epidemic encephalitis—"American sleeping sickness," an inflammation of the brain—that a disease resembling it could be produced in animals. When the tissues of the animals were examined, they were found subject to changes like those that occurred in human beings who had died of the disease. Workers at the Rockefeller Institute for Infectious Diseases have found an organism in washings from the noses of persons with influenza which they believe is the causative organism in influenza, and numerous investigators have found organisms of this character in the blood and in the secretions of persons with measles.—*Hygeia.*

Tuberculosis Institute for Student Nurses.

Tuesday, December 4th, was Tuberculosis Day in the twelve schools of nursing in San Francisco. The San Francisco Tuberculosis Association and the Bureau of Registration of Nurses united in conducting an institute on the subject of tuberculosis for the student nurses of San Francisco. The institute was held in three sessions of two hours each: morning, afternoon and evening. The program, arranged especially to meet the needs of students, presented for discussion the topics, "Is Tuberculosis Nursing Dangerous for Nurses," "The Nurse's Part in the Prevention of Tuberculosis," "Nutrition in Relation to Prevention of Tuberculosis," "Organized Forces Combatting Tuberculosis," "The Nurse's Place in Tuberculosis Work," "Technique in Tuberculosis Nursing." Each topic was handled by physicians and nurses who were well equipped to present it to the students in a comprehensive manner.

The institute was held in the auditorium of the Stanford School of Nursing, which is exceptionally well fitted for a large gathering. The attendance of all three sessions totaled 814 students; at the evening session alone there were 383 students. The San Francisco Tuberculosis Association has offered two prizes for the best two essays on tuberculosis submitted by students who took part in the institute.

The success of the institute rested in a large degree on the cooperative ability of the superintendents of the schools in arranging their schedule so that all of their students could attend at least one session. Class work was suspended and the full attention of the students was focused for that day on the great problem of tuberculosis. Credit was given by each school for attendance at the session.

This is the first institute of this kind that has been undertaken in California. The interest shown by the students is encouraging for making further efforts in carrying the message to them of their part in the great work of health education and the opportunity that lies before them in their future professional field. It is probable that more such work will be undertaken and although it means much effort on the part of the schools it should undoubtedly bring results by creating a desire on the part of student

Digitized by Google

nurses to take special courses in tuberculosis nursing.

With the magnificent opportunity we have in this state for graduate study in the various sanatoria for tuberculous patients, only one, Barlow Sanitarium, has had the vision and the initiative to open its facilities to student and graduate nurses. It will be encouraging when students will demand this experience as part of their preparation for either private nursing or public health work and we hope institutes will hasten that time.

Outlines Method of Cancer Survey.

In an address read before the Belgian National Cancer Congress held in Brussels, November 18, 19, 1923, Dr. Frederick L. Hoffman, Chairman of the Committee on Statistics of the American Society for the Control of Cancer, made reference to the cancer survey now being undertaken in San Francisco. He said:

"Based upon my urgent plea for a local investigation, the San Francisco Board of Health, through its Medical Officer, Dr. William C. Hassler, has generously agreed to have an abstract made of the fundamental cancer mortality data, from which it is hoped to carry on an original inquiry along entirely new lines and which may prove productive of practically useful results. The investigation will be carried on through the cooperation of the San Francisco Board of Health, the Statistical Committee of the American Society for the Control of Cancer, and several important life insurance companies contributing towards the necessary expense.

The agreed-upon procedure is to first secure a correct transcript of all certificates representing deaths from cancer in San Francisco during the last three years. This material will be subjected to a critical examination, followed in the case of each and every death by a personal inquiry into antecedent facts and conditions likely to have a bearing upon the development of cancerous processes. No time limit has been set for the conclusion of this investigation, which may extend and probably will extend over a number of years. It is intended later on to adopt a similar procedure with regard to living cancer cases, especially such as are receiving treatment in San Francisco public institutions, so that the facts which bear upon questions of causation, development and treatment will be more thoroughly understood."

California Birth Rate Is Rising.

During the eight months, January to August, 1923, inclusive, 52,326 births were registered in California, a birth rate of 20.6 per 1000 population. This is the highest yet recorded in this state. During the same period 36,153 death certificates were filed, indicating a death rate of 14.3, which is about "normal" for California.

There has been an apparent increase in infant mortality. The rate thus far this year is 74.8 compared with 71.0 for the same period last year. The present provisional rate is nearly as high as that for 1920. The greatest number of infant deaths, 588, occurred during the month of May. The distribution by cause of death for the eight months was:

Communicable diseases	10.4 per cent
Respiratory diseases	16.2 per cent
Digestive diseases	20.6 per cent
Congenital causes	46.3 per cent
Other causes	6.5 per cent

This is about the usual distribution of infant deaths except that ordinarily congenital causes are somewhat higher.

September and October are favorable months for infants. When the returns for these months have been compiled it is probable that the infant mortality rate will be lower than given above.

United States Marine Hospitals Crowded.

"Owing to the increased amount of shipping on the Pacific coast, the marine hospitals at San Francisco and Port Townsend, operated by the United States Public Health Service, are now overcrowded," Surgeon General Hugh S. Cumming announced recently.

So great has been the influx of patients, due to the increased activity in American shipping in San Francisco, that the Public Health Service has found it necessary to place many patients in contract hospitals. To increase the capacity at San Francisco, the service now plans to remove attendants from their quarters to furnished lodgings in the downtown section of the city. By doing this, thirty-eight beds will be added to the capacity of this hospital.

Surgeon General Cumming also announced that plans for the enlargement of the marine hospital at San Francisco and for a new marine hospital to be constructed at Seattle, Washington, are now receiving serious consideration, but that appropriations for these projects will be necessary before they can be undertaken.

Digitized by Google

MORBIDITY.*

Diphtheria.

298 cases of diphtheria have been reported, as follows: San Francisco 86, Los Angeles County 23, Los Angeles 73, Oakland 20, Long Beach 13, Berkeley 6, Alameda 8, Exeter 8, Contra Costa County 5, San Joaquin County 1, Ventura County 1, Pasadena 1, Stockton 1, Loyalton 1, Ukiah 1, South San Francisco 2, Needles 1, San Luis Obispo 1, Santa Barbara 1, Sutter County 1, San Fernando 2, Piedmont 2, Selma 1, Tuolumne County 1, Oroville 1, Lemoore 1, Turlock 1, Ross 1, Alhambra 1, Riverside 1, El Monte 1, San Leandro 1, Ontario 2, Pomona 1, Merced County 1, Santa Rosa 1, Sacramento 2, Mountain View 1, Eureka 1, Santa Clara County 4, Burbank 3, Bakersfield 1, Redlands 2, Corona 2, Fresno County 2, Tulare County 3, San Jose 4.

Measles.

326 cases of measles have been reported, as follows: San Francisco 130, Los Angeles 8, Monterey County 28, Berkeley 18, San Luis Obispo County 18, Santa Clara County 9, Oakland 6, Tulare County 5, San Jose 10, San Joaquin County 10, LaVerne 5, Sonoma County 11, Arcata 7, Los Angeles County 7, Sacramento 2, Santa Rosa 5, Alhambra 2, Pasadena 2, Merced 3, San Benito County 4, Los Angeles County 1, Long Beach 1, Petaluma 2, Santa Cruz 2, Redondo Beach 1, Hanford 2, Ontario 6, Salinas 3, Burbank 1, Richmond 2, Fresno County 1, Contra Costa County 1, Lompoc 3, Visalia 1, Mendocino County 9.

Scarlet Fever.

213 cases of scarlet fever have been reported, as follows: San Francisco 43, Los Angeles County 15, Los Angeles 48, Fresno County 5, Tulare County 5, Orange County 7, Oakland 7, Whittier 10, Riverside 7, Berkeley 3, Merced County 1, Ventura County 1, Richmond 1, Colusa 1, Healdsburg 1, Colusa County 1, Sonoma County 4, Fullerton 4, Livermore 4, Taft 2, Watsonville 2, Napa County 2, Bakersfield 1, Santa Ana 1, Sacramento 1, Los [illegible] County 2, Huntington Park 1, Lodi 2, Stockton 3, San Fernando 1, Pomona 1, San Gabriel 1, Ontario 2, Long Beach 4, Pasadena 1, Alhambra 2, Watsonville 1, Monrovia 1, Merced 6, Alameda 1, Piedmont 1, Nevada County 1, San Joaquin County 3, Mendocino County 1.

Whooping Cough.

34 cases of whooping cough have been reported, as follows: San Francisco 4, Los Angeles 6, Pasadena 12, Alhambra 5, Eureka 2, Oakland 1, San Jose 1, Los Angeles County 2, Venice 1.

Smallpox.

164 cases of smallpox have been reported as follows: Los Angeles County 53, Los Angeles 63, Long Beach 13, Orange County 12, Kern County 1, Alhambra 2, Pomona 3, San Gabriel 1, Ventura 3, Santa Paula 12, Watts 1.

Typhoid Fever.

18 cases of typhoid have been reported as follows: San Francisco 1, Humboldt County 1, Stockton 2, San Bernardino County 2, Santa Barbara 1, Los Angeles County 4, Sacramento 1, Orange County 2, Los Angeles 2, San Joaquin County 2.

Poliomyelitis.

7 cases of poliomyelitis have been reported as follows: Santa Clara County 1, Contra Costa County 1, Fresno County 1, Los Angeles 4.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, Los Angeles County reporting 1 and Stockton reporting 1.

Cerebrospinal Meningitis.

Sonoma County reported 1 case of cerebrospinal meningitis.

*From reports received on December 8th and 11th for weeking ending December 8th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Dec. 8 received by Dec. 11	Week ending			Reports for week ending Dec. 9 received by Dec. 12
	Nov. 17	Nov. 24	Dec. 1		Nov. 18	Nov. 25	Dec. 2	
Anthrax	1	0	0	0	0	2	0	
Cerebrospinal Meningitis	4	5	2	1	2	2	0	
Chickenpox	194	125	140	193	144	109	86	
Diphtheria	324	356	309	298	262	230	215	
Dysentery (Bacillary)	5	0	0	0	0	1	1	
Epidemic Encephalitis	4	2	1	2	0	1	4	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	83	161	96	142	90	81	171	
Influenza	24	30	26	39	24	34	17	
Leprosy	0	0	0	0	0	1	0	
Malaria	2	4	1	0	3	0	2	
Measles	265	315	291	326	14	14	21	
Mumps	22	27	31	38	19	23	20	
Pneumonia	82	56	52	85	92	83	105	
Poliomyelitis	11	9	11	7	0	1	0	
Rabies (Human)	0	0	0	0	0	0	0	
Scarlet Fever	198	255	251	213	187	170	179	
Smallpox	92	83	111	164	9	17	16	
Syphilis	112	94	138	165	95	93	110	
Tuberculosis	134	199	150	174	136	146	96	
Typhoid Fever	20	29	28	18	18	20	15	
Typhus Fever	0	0	0	0	0	0	0	
Whooping Cough	34	27	20	34	57	37	57	
Totals	1613	1777	1658	1899	1159	1066	1115	

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 45 DECEMBER 22, 1923 GUY P. JONES EDITOR

Preventing Diphtheria Proves Inexpensive.

It cost the towns of Hercules and Pinole, in Contra Costa County, $296 to immunize the children of their communities against diphtheria and, as a result, not a single case of the disease has appeared in either town since March, 1922. Dr. M. L. Fernandez, health officer of Hercules and Pinole, is responsible for this work which has resulted in protecting the children of these towns against diphtheria, saving them much suffering.

There were no cases of diphtheria reported in Pinole in 1919 and 1920, but in 1921 thirty-eight cases were reported and in January of 1922 six more cases occurred. In February 317 Schick tests were made, with 232 positives and 85 negatives. In March of the 232 children showing positive reactions 222 were given toxin antitoxin, 182 of whom received three doses, 22 received two doses and 18 of whom received but one dose.

In August 141 of these children immunized in March were again given the Schick test. Of this group 34 were positive (nonimmune) and 107 were negative. During the interim many children immunized previously had left town. This accounts for the reduced number of tests given.

With the exception of a single case of diphtheria in March, 1922, in a child whose parents had refused to have him immunized, not a single case of diphtheria has occurred in the Pinole-Hercules school district since the immunization of the children in that community.

According to the school census of that district, in November, 1921, there were 351 children 3 to 18 years of age, and 289 children 6 to 18 years of age. In October there were 243 children in school attendance and 116 of preschool age, making total of 359 children in the community. The population of the towns vary according to the labor turnover but the estimated population of Pinole and Hercules at that time was 1340.

The total cost of this work was $296, of which $200 was paid for the salary of a special deputy health officer, each town paying half of the amount. The cost of the toxin antitoxin was $96. The parents paid 10 cents per dose, which amounted to $63.95. The balance was paid by the Pinole Chapter of the American Red Cross. The total cost, therefore, of ridding this community of diphtheria was less than one dollar per child. This constitutes a shining example of the results that may be achieved through the use of our available machinery for the control of diphtheria. If other cities and counties throughout the state were to undertake similar work for the control of this disease, its wide prevalence might be reduced greatly and much suffering and many needless deaths prevented.

Digitized by Google

Merry Christmas and A Happy New Year.

The California State Board of Health and the members of its staff take this opportunity to extend to all health officers, public health nurses, physicians and all other individuals engaged in furthering the public health interests of the state, their wishes for a Merry Christmas and a Happy New Year.

Advance Money for Health District.

The banks of San Joaquin County have advanced funds to the San Joaquin Health District in order that it may be financed until the new taxes are available after the first of the year. If the banks, business men and organizations of San Joaquin County are willing to advance funds for the use of the health district it proves clearly that they have confidence in the public health machinery now in operation.

San Joaquin County Children Immunized.

More than 2800 children of San Joaquin County have been immunized against diphtheria since June 1st by means of the administration of toxin antitoxin. It should be noted, too, that not a single death from diphtheria has occurred in San Joaquin County during the past year. There were 599 deaths from diphtheria in California during 1922. During November, 1923, no less than 1314 children under ten years of age were immunized against diphtheria.

Fine and Imprisonment For Keeping Nuisance.

A resident of Kern County persisted in maintaining an insanitary condition of his premises, through the burning of large quantities of garbage. The county health department caused his arrest. The accused demanded a jury trial, which was granted. This resulted in a conviction with a fine of two hundred and fifty dollars and imprisonment for sixty days. Two months in jail should provide sufficient opportunity for reflection over the inadvisability of conducting a nuisance.

Mosquito Abatement District in Merced.

The latest addition to the growing list of communities engaged in exterminating mosquitoes is Abatement District No. 16, comprising the city of Merced and its environs. This district was formed by an order of the county supervisors, dated September 5, 1923, upon presentation of the petitions required by law. The administration of mosquito control work will be vested in five trustees, those just appointed by the supervisors being J. A. Robinson, O. A. Turner, R. R. Touhy, W. H. Huff and Dr. A. S. Parker.

The district has an area of 17½ square miles with a stable population of more than 6000 people. It has, in addition, a floating population many times greater, including people from every state in the Union, who use this popular "gateway" to the Yosemite National Park, and who will be thus protected from the annoyance and irritation as well as the possibility of malarial infection, transmitted by the bite of this pestiferous insect.

Discounting its value as an added health protection, the economic benefit alone to the people of this district in carrying out a vigorous mosquito control program will offset this cost many times.

Anti-Plague Work. In California Only.

The United States Public Health Service anounces in its annual report that all anti-plague work in states other than California has been discontinued. The announcement reads as follows:

"The present report for 1923 shows that the plague work, which has heretofore been the subject of much consideration in the annual reports, has, temporarily at least, practically faded from the picture. Both human and rodent plague appears to have been eradicated in the United States except for infected ground squirrels in California and all anti-plague measures in other states have been discontinued.

We are warned, however, that owing to the difficulty of completely exterminating rats on board vessels and the present widespread dissemination of plague, geographically, there is constant danger of the introduction of this disease at all seaports engaged in foreign trade."

Digitized by Google

Children in State Institutions Immunized.

The inmates of the Sonoma State Home at Glen Ellen and the State School for the Deaf and Blind at Berkeley, constituting a combined population of almost 2000 children, were immunized against diphtheria last year. Not a single case of diphtheria has developed in either institutions this winter, in direct contrast to preceding years, when the disease was very prevalent. Toxin antitoxin was administered by the medical staffs of these state institutions following investigations made by the State Board of Health.

Reports Case of Rare Disease.

A case of *Oidium Coccidioides*, a rare disease caused by a fungus and mistakenly known as "San Joaquin Valley disease," has been reported from Kings County. Dr. Wm. Ophuls, Dean of Stanford University Medical School, who has done considerable research work in this disease, established diagnosis of the case just reported. The disease runs a very acute and severe course. Out of a group of twenty-four cases reported there were but two recoveries. The fact that several cases of the disease have been found in the San Joaquin Valley gave rise to the wrong terminology referred to.

Stray Dogs Are Health Menace.

It is said that the rural districts in many parts of California are overrun with stray dogs. It is assumed that many of these animals have been brought into the state by automobile tourists and have become separated from their owners. There is a distinct health menace in the presence of large numbers of stray dogs. It is this type of animal that is responsible, largely, for the spread of rabies. The presence of large numbers of these homeless animals emphasizes the fact that owners of dogs should have them vaccinated against rabies in order that they may be protected against possible disease-spreading stray animals.

Nurses Employed by Organizations Accredited.

The California State Board of Health has approved the applications of the following organizations for recognition as institutions which give to nurses, who have been in their employ for two consecutive years, the required public health training to accredit them for examination for public health nursing certificate:

Organization	Location
Alameda County Public Health Center	Oakland
Baby Hygiene Committee	San Francisco
California Tuberculosis Association	Fresno
Los Angeles Health Department (City)	Los Angeles
Sacramento Tuberculosis Association	Sacramento
San Francisco Health Department	San Francisco
San Joaquin Local Health District	Stockton
Health Development Department of Oakland	Oakland
Oakland Health Department	Oakland

Smallpox Starts Sharp Increase.

During the past few weeks smallpox has been increasing in prevalence in California at a rapid rate. The rise began early in November and each week has brought an increased number of cases. Following are the numbers of cases reported by weeks for the past three months.

Week ending	No. cases reported
Oct. 6	15
13	20
20	30
27	51
Nov. 3	74
10	89
17	93
24	83
Dec. 1	111
8	165
15	112

112 Smallpox Cases Reported Last Week.

Smallpox is increasing in prevalence in California. In some sections of the state it is assuming epidemic proportions. The Los Angeles City Council has granted the health department $5,000 for the care of smallpox patients. Vaccination of all persons who have not been successfully vaccinated should be encouraged wherever possible.

Digitized by Google

MORBIDITY.*

Diphtheria.

320 cases of diphtheria have been reported, as follows: San Francisco 86, Los Angeles 73, Los Angeles County 26, Oakland 34, Sacramento 8, Alameda 9, San Diego 14, Whittier 2, Torrance 4, Santa Barbara 1, Kings County 1, Oroville 2, San Luis Obispo County 3, Lodi 2, Sonoma County 1, Vallejo 1, Corona 2, Redlands 2, Santa Clara County 4, Fresno County 4, Sacramento County 3, Pasadena 2, Tulare County 1, East San Diego 1, Alameda County 1, Orange County 4, San Jose 1, San Mateo 2, Hawthorne 1, Contra Costa County 1, Bakersfield 3, Huntington Park 1, Stockton 2, El Monte 3, Berkeley 1, Colton 2, Long Beach 8, Ontario 2, San Bernardino 2.

Measles.

323 cases of measles have been reported, as follows: San Francisco 136, San Luis Obispo County 37, Kings County 22, San Mateo 9, Santa Cruz 18, San Joaquin County 7, Sonoma County 5, Berkeley 15, Salinas 5, Oakland 5, Los Angeles 6, Placerville 1, Merced 3, Monterey County 2, Compton 1, Eureka 1, Los Angeles County 4, Riverside 3, Sacramento 1, San Joaquin County 1, Richmond 2, Alameda 2, East San Diego 1, Palo Alto 1, Orange County 1, Vallejo 1, Tulare County 3, Santa Rosa 2, Santa Monica 1, Hanford 2, Santa Clara County 3, Calistoga 2, Long Beach 1, Ontario 18, San Bernardino 1.

Scarlet Fever.

260 cases of scarlet fever have been reported, as follows: San Francisco 49, Los Angeles 48, Los Angeles County 20, Oakland 14, Livermore 7, Vallejo 9, Riverside 6, Fresno County 19, Whittier 15, Taft 4, Monterey Park 1, Eureka 1, Santa Monica 1, Madera County 1, Healdsburg 1, Visalia 1, Tulare County 2, Ventura County 1, Corona 2, Orange County 3, Redding 1, Sonoma County 1, Colusa County 4, Colusa 2, Hawthorne 1, San Joaquin County 1, Escondido 1, San Luis Obispo County 1, San Fernando 4, Alhambra 1, Stockton 2, Pomona 4, Calexico 1, Torrance 3, Livermore 1, Watsonville 2, Alameda County 1, Sacramento 3, Yolo County 1, San Anselmo 1, Santa Cruz 3, Berkeley 1, Santa Clara County 1, Long Beach 8, Ontario 1, San Bernardino 5.

Whooping Cough.

20 cases of whooping cough have been reported, as follows: Eureka 8, San Joaquin County 1, Santa Rosa 1, Los Angeles 2, Pomona 4, Merced 3, Venice 1.

Typhoid Fever.

15 cases of typhoid fever have been reported, as follows: Colusa 1, San Joaquin County 3, Hawthorne 3, San Bernardino 1, Whittier 1, Imperial 2, San Francisco 2, Santa Barbara 1, Long Beach 1.

Smallpox.

112 cases of smallpox have been reported, as follows: Los Angeles 55, Los Angeles County 17, Pomona 6, Alhambra 7, Orange County 8, Ventura County 3, Huntington Park 2, La Verne 1, Pasadena 2, Long Beach 11.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles County 2, Los Angeles 1, Hanford 1.

Cerebrospinal Meningitis.

Los Angeles reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

Stockton reported 1 case of epidemic encephalitis.

Typhus Fever.

Los Angeles reported 1 case of typhus fever.

Epidemic Jaundice.

Los Gatos reported three cases of epidemic jaundice.

*From reports received December 17 and 18 for week ending December 15.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Dec. 15 received by Dec. 18	Week ending			Reports for week ending Dec. 16 received by Dec. 19
	Nov. 24	Dec. 1	Dec. 8		Nov. 25	Dec. 2	Dec. 9	
Anthrax	0	0	0	0	2	0	0	0
Cerebrospinal Meningitis	5	2	1	1	2	0	2	6
Chickenpox	125	140	214	147	109	86	148	79
Diphtheria	356	308	345	320	230	215	205	119
Dysentery (Bacillary)	0	0	0	0	1	1	0	0
Epidemic Encephalitis	2	1	3	1	1	4	3	2
Epidemic Jaundice	1	0	5	3	0	0	0	0
Gonorrhoea	161	96	148	131	81	171	81	51
Influenza	30	25	39	35	34	17	35	13
Leprosy	0	0	0	0	1	0	1	0
Malaria	4	1	0	3	0	2	5	2
Measles	315	291	366	323	14	21	20	14
Mumps	27	31	40	28	23	20	13	11
Pneumonia	56	52	95	58	83	105	109	41
Poliomyelitis	9	11	12	4	1	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	255	251	243	260	170	179	174	106
Smallpox	83	111	165	112	17	16	12	2
Syphilis	94	140	173	187	93	110	83	37
Tuberculosis	199	150	188	108	146	96	154	63
Typhoid Fever	29	28	20	15	20	15	19	5
Typhus Fever	0	1	0	1	1	0	0	0
Whooping Cough	27	20	41	20	37	57	51	52
[illegible]als	1778	1659	2098	1757	1067	1115	1115	603

12-23 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 46 DECEMBER 29, 1923 GUY P. JONES EDITOR

California Typhoid Death Rate Higher.

According to an announcement, just made by the United States Bureau of the Census, California is one of four states in the registration area that showed a higher typhoid mortality rate in 1922 than 1921. To be sure, the rise in the rate is small but it indicates clearly that eternal vigilance in the control of this preventable disease is necessary in California if the enviable record of previous years is to be maintained. It is true that the number of typhoid deaths occurring in California during recent years has been so few that a small group of fatal cases in a limited outbreak may be sufficient to cause an appreciable increase in the rate for the entire state. It is probable that the 1922 increase may be traced directly to an uncontrolled outbreak, with many fatal cases, occurring among Oriental laborers in a remote rural district, quite inaccessible from main routes of travel.

The other states showing higher typhoid mortality rates in 1922 than in 1921 are Colorado, Mississippi, and New Hampshire. The rates for each year for these states are as follows:

	1922	*1921*
California	4.7	4.3
Colorado	11.4	10.1
Mississippi	19.0	18.6
New Hampshire	5.2	3.6

The typhoid death rate for the United States registration area during 1922 was 7.5 per 100,000 population, the lowest ever shown for the registration area. There were 6981 deaths from this disease in 1922 in the registration area. Rhode Island had the lowest rate, 1.2 per 100,000 population, while the highest rate was that for South Carolina, 23 per 100,000 population.

California's record in the reduction of the state typhoid death rate is one of which every Californian may well be proud. The rate fell from 32.6 in 1906 to 4.1 in 1921. Had the 1906 rate prevailed in 1921, there would have been nearly 1200 deaths in the state during that year instead of the 147 deaths that actually occurred. The typhoid death rates for the larger cities of the state are much lower than for the rural districts. In fact, the large cities in California determine the downward trend of the state rate, and much credit must be given to the larger cities for their work in providing water supplies of unquestioned purity.

With full-time health departments working in most counties it would be possible to bring the typhoid mortality rate down almost to the vanishing point. There is no reason why California should not make a record in typhoid control comparable with the remarkable records made by the New England States, notably Massachusetts and Rhode Island. The California State Board of Health urges the earnest cooperation of all health departments in the state in reducing the typhoid morbidity and mortality during the coming year. The thorough application of known preventative measures will bring about the result desired.

Digitized by Google

Case of Rocky Mountain Spotted Fever Reported.

A resident of Inyo County recently spent eight days on a hunting and fishing trip, about ten days following which he became ill. He was removed to Los Angeles for medical attention, where his illness was diagnosed as Rocky Mountain spotted fever. He showed typical symptoms of the disease, including a spotted petechial eruption distributed over the entire body including the palms of the hands and the soles of the feet. This disease is commonly known as "tick fever," and is transmitted by the bite of a certain type of tick which is common in Nevada and parts of California. It is believed that this patient became infected somewhere close to the California-Nevada line.

Controlling Smallpox In an Auto Camp.

A case of smallpox occurred recently in an automobile camp in the outskirts of Pasadena. Because of the fact that there had been extensive exposure to this case the entire camp was placed under quarantine, written permits to leave the camp being given only to those who were successfully vaccinated. Those who refused vaccination were placed in quarantine for the incubation period of the disease. Dr. F. W. Hodgden, Jr., city health officer, vaccinated approximately 300 individuals in the camp. Fifteen persons who refused vaccination were placed under quarantine. Permission was given to all individuals who desired to leave the camp, providing they had the vaccination certificate from the city health department.

"There is no single cog in the human mechanism more important to the pursuit of life, happiness and usefulness than the eyesight."

"Every child has a right to a good start in life. But the one who is blind from neglect, or carelessness, or ignorance, is given a terrible handicap in the race."

By the intelligent application of the knowledge we now possess, we can absolutely stamp out diphtheria, one of the most dreaded of all communicable diseases, not only on account of its high mortality, but also the distress, yea, the agony, to which many of its victims, mostly helpless children, are subjected.—Chas. J. Hastings, M.D., Medical officer of Health, Toronto.

Failure to Report Disease Brings Fine.

A chiropractor residing in Long Beach was recently arrested for failure to report a case of poliomyelitis. It was stated that he attended the case for ten days and failed to report it to the health officer until the school nurse located the case and notified the health department. This practitioner permitted the patient to visit his office, coming into contact with other patients and children. He was found guilty and was fined $25.

HEALTH EDUCATION AND COMMUNITY UPLIFT.

If I had the problem of elevating the general moral and mental tone of a backward community, I would seek the services of the public health worker, the sanitarian and the personal physician even before those of the teacher. Health education must go forward hand in hand with that of the mind.—Ray Lyman Wilbur, President, Stanford University.

Another Case of Botulism Reported.

A young woman recently went to Redding, Shasta County, from another part of the state, for a visit with her parents. She was taken ill a few days after her arrival and died following an illness of six days. Because of the uncertainty of the cause of death it became a coroner's case. A review of the symptoms indicates that the patient suffered from botulism. This is corroborated by the fact that shortly after she was taken ill a number of chickens on the premises died of "limberneck." Canned goods eaten by the patient before she was taken ill are being subjected to investigaton.

I am decidedly of the opinion that cancer should be made a reportable disease. It is the proper function of the health department to take cognizance of the conditions frequently met with in cancer cases previous to taking treatment, while at the same time it is essentially the function of the health department to protect the community against the practices of those who are not qualified to render the proper services required.—Frederick L. Hoffman, L.L.D.

The canker of disease gnaws at the very root of our national strength. The sufferers are not few or insignificant. They are the bread winners for at least a third part of our population. That they have causes of disease indolently left to blight them amid their toil is surely an intolerable wrong. And to be able to redress that wrong is, perhaps, among the greatest opportunities for good which human institutions can afford.—Sir John Simon.

Digitized by Google

Higher Maternal Death Rate for Year 1922.

Although the maternal death rate for the United States birth registration area was lower in 1922 than it has been for any year since 1915, the similar rate for California in 1922 was slightly higher. The death rate for puerperal septicemia in California was lower in 1922 than in 1921, indicating that better care was given to mothers at childbirth. The machinery for maternal and infant welfare provided under the Sheppard-Towner law, had not started operation during 1922. It is reasonable to believe that with the increased facilities for maternal welfare, the childbirth death rate for 1923 and 1924 will show appreciable decreases. The maternal mortality rates for the United States registration area during recent years are as follows:

Year	*U. S. Regis. Area*	*California*
1919	7.4	8.0
1920	8.0	7.7
1921	6.8	6.8
1922	6.6	7.2

The mortality rates for puerperal septicemia for the birth registration area and for California during the same years are as follows:

Year	*U. S. Regis. Area*	*California*
1919	2.3	2.5
1920	2.7	2.6
1921	2.7	3.0
1922	2.4	2.6

ISOLATION BY INVITATION?

Contempt of sanitary laws is not easily explained, particularly when one considers the rigor with which other less important laws are enforced.

For instance, some one motors on the public road at a speed of 21 miles between two indicators showing a maximum of 20 miles and is at once called upon to pay a fine of $10 to the exchequer.

A man is suspected of having sold a bottle of wine or beer and a fine of $1,000 with imprisonment is imposed on him for this illicit trading.

But one may spread the germs of typhoid, tuberculosis or diphtheria by selling polluted milk; one may sow the seed of the most severe diseases; one may let children die without even giving them the slightest medical attention, yet such crimes remain unpunished.

Must we then conclude that the life and health of our children are less important than the preservation of macadam; that safeguarding public health is less to be appreciated than the trade in alcoholic beverages? The fact remains that so long as the declaration of infectious diseases and the isolation of infectious patients is not required otherwise than by invitations which may be ignored, our children will continue to die from diphtheria, whooping cough and scarlet fever, and our people suffer from typhoid, tuberculosis and other avoidable diseases.—Bulletin Sanitaire, Montreal.

Psychopathic Wards For San Francisco.

The San Francisco Board of Supervisors at the urgent request of Dr. William C. Hassler, City Health Officer, has made provision for the opening of two psychopathic wards at the San Francisco Hospital the first of the year. This forward step marks the progress of the city in looking after the best interests of its sick and unfortunate. The mentally sick are to be treated as patients and they are to receive the consideration that all sick persons deserve.

In the United States the cancer death rate during the last decade has increased from 74 to 86 per one hundred thousand of population. It is conservatively estimated that we have now in the United States about one hundred thousand deaths from cancer per annum. For large American cities, representing about one-fourth of the total population, the rate during 1922 reached 104.1 per one hundred thousand while for the city of San Francisco the rate was as high as 161.8 per one hundred thousand.—Frederick L. Hoffman, L.L.D.

State Forestry Camps To be Sanitary.

At a meeting of the State Board of Forestry held in Sacramento recently, a resolution was adopted by which all state parks and other lands under the jurisdiction of the State Board of Forestry are placed under the sanitary supervision of the State Board of Health.

MORBIDITY.*

Diphtheria.

272 cases of diphtheria have been reported, as follows: Los Angeles 89, San Francisco 62, Los Angeles County 23, San Diego 9, Long Beach 5, Fresno County 7, Berkeley 6, Alameda 7, Turlock 2, East San Diego 2, El Monte 1, Kern County 1, Richmond 1, Contra Costa County 2, Mendocino County 1, Stanislaus County 2, San Fernando 3, San Jose 1, Petaluma 1, Bakersfield 1, Redwood City 1, Torrance 2, Santa Monica 1, Merced County 1, Stockton 3, Alameda County 1, Huntington Park 1, Hanford 1, Berkeley 2, Riverside 2, Hawthorne 1, Marysville 2, Madera County 2, Whittier 2, Mill Valley 6, Sacramento 3, Sonoma County 3, Fillmore 3, Selma 1, Ross 1, Ventura County 1, Santa Rosa 1, Sebastopol 1, Vallejo 1, Santa Maria 1, San Anselmo 1, Ontario 2.

Measles.

280 cases of measles have been reported, as follows: San Francisco 123, Monterey County 12, San Joaquin County 10, Burlingame 5, San Luis Obispo County 15, Los Angeles County 8, Berkeley 25, Santa Cruz 8, Salinas 6, Santa Rosa 2, Palo Alto 2, Contra Costa County 2, Kern County 4, Hanford 1, Santa

*From reports received on December 24, 25 and 26 for week ending December 22.

Digitized by Google

Monica 1, Burbank 1, Redlands 1, Petaluma 3, Pasadena 2, Lake County 3, San Diego County 1, Riverside 1, Merced County 1, Marin County 1, Alameda 1, Taft 1, Shasta County 1, Merced 1, Mendocino County 2, San Diego 1, Morgan Hill 1, Long Beach 1, Bakersfield 3, Mountain View 1, Mill Valley 2, Sacramento 2, Sonoma County 3, San Mateo County 2, Los Angeles 9, Ontario 11.

Scarlet Fever.

263 cases of scarlet fever have been reported, as follows: Taft 7, Fresno County 17, Whittier 15, Pasadena 6, Los Angeles County 21, San Diego 5, San Francisco 53, Los Angeles 64, Contra Costa County 1, Richmond 1, Kern County 5, Colusa County 3, South Pasadena 1, Santa Ana 1, Stanislaus County 2, Fullerton 1, Ventura County 1, Monrovia 1, Bakersfield 1, Redlands 1, Turlock 2, Santa Cruz County 3, Watsonville 1, Burlingame 1, Pomona 1, Long Beach 5, Alameda 2, Alameda County 1, Merced 1, Escondido 3, Tracy 2, Merced County 3, Riverside 1, Newman 2, Mendocino County 1, Berkeley 2, Riverside County 4, San Luis Obispo County 1, San Joaquin County 4, Orange County 4, Clovis 1, Mill Valley 1, Sacramento 2, Sonoma County 4, Ontario 4.

Whooping Cough.

15 cases of whooping cough have been reported, as follows: Los Angeles County 1, Pasadena 3, Fresno County 1, Long Beach 1, Williams 3, San Francisco 1, Los Angeles 5.

Smallpox.

121 cases of smallpox have been reported, as follows: San Francisco 2, Los Angeles 52, Los Angeles County 21, Alhambra 5, Long Beach 11, Pomona 6, Santa Paula 5, Orange County 10, Santa Ana 1, San Diego 1, Lassen County 1, Pasadena 4, Huntington Park 1, Inyo County 1.

Typhoid Fever.

17 cases of typhoid have been reported, as follows: San Francisco 6, Richmond 1, Los Angeles County 1, Berkeley 1, Burlingame 1, Los Angeles 7.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, Alameda County reporting 1 and San Francisco 1.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Fresno County 1, Long Beach 1, Kern County 1, Los Angeles 1.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

Typhus Fever.

Los Angeles reported one case of typhus fever.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Dec. 22 received by Dec. 26	Week ending			Reports for week ending Dec. 23 received by Dec. 26
	Dec. 1	Dec. 8	Dec. 15		Dec. 2	Dec. 9	Dec. 16	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	1	0	2	0	2	8	3
Chickenpox	140	214	169	132	86	148	118	74
Diphtheria	308	345	337	272	215	205	171	179
Dysentery (Bacillary)	0	0	1	1	1	0	1	2
Epidemic Encephalitis	1	3	4	1	4	3	3	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	96	144	134	87	171	81	125	87
Influenza	25	39	39	35	17	35	26	21
Leprosy	0	0	0	0	0	1	0	0
Malaria	1	0	3	3	2	5	2	2
Measles	291	366	370	280	21	20	24	21
Mumps	31	40	28	9	20	13	17	15
Pneumonia	52	95	111	68	105	109	96	121
Poliomyelitis	11	12	5	5	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	251	243	280	263	179	174	158	105
Smallpox	111	164	115	121	16	12	4	9
Syphilis	140	173	189	94	110	83	130	56
Tuberculosis	150	188	111	153	96	154	157	75
Typhoid Fever	28	20	18	17	15	19	9	12
Typhus Fever	1	0	1	1	0	0	1	0
Whooping Cough	20	41	28	15	57	51	71	34
Totals	1659	2092	1943	1559	1115	1115	1119	817

CALIFORNIA STATE PRINTING OFFICE

27543 12-23 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 47 JANUARY 5, 1924 GUY P. JONES EDITOR

Oranges vs. Milk For The School Lunch.

The supplemental school lunch, during the past few years, has become a common institution in most schools of California. This consists generally of milk and crackers served to the pupils in the mid-forenoon. The Journal of the American Medical Association in its last issue upholds this custom and regards the slogan "A quart of milk a day for every child" as wholesome advice. It would appear, however, that oranges may produce as beneficial results as milk in the promotion of growth and weight. In discussing an article by Margaret S. Chaney entitled "A Comparison of the Value of Milk and Oranges as a Supplemental Lunch for Underweight Children," published in the October number of the American Journal of the Diseases of Children, and which deals with work in malnutrition among the school children of Oakland, the Journal says: "It is interesting to learn, however, that milk, though it produces a favorable increase in weight, is not the only food valuable for the mid-morning lunch. Oranges and orange juice also were strikingly efficacious in producing the desired gains. The virtues of this fruit have long been recognized, so far as its palatability and antiscorbutic properties are concerned. It is not so generally appreciated that oranges contain vitamins A and B as well as the scurvy-preventing vitamin C. The secret of their nutritive success may lie in a promotion of appetite for other foods—a property ascribed to vitamin B. In the California children studied, the growth following the use of oranges in the supplementary lunches averaged more than 100 per cent above the expected gains, even surpassing in these cases the gains promoted by milk. Whatever the explanation may be, it is fortunate to learn that nutritive advantages may be secured in other ways when milk, for some reason, becomes unsuitable or unavailable. There should be more than one way leading to successful nutrition."

California State Board of Health Established Early.

The California State Board of Health was the third such board to be established in the United States. The first state board of health was established in Massachusetts in 1869, followed by that of the District of Columbia in 1870. The California and Virginia boards were established in 1871. All of these boards have been functioning continuously since their organization.

Digitized by Google

Safeguarding Health Of Traveling Public.

Travel is a big factor in the spread of communicable diseases and since the automobile has made possible the continuous movement of large numbers of individuals from place to place, the work of controlling the various communicable diseases that they may carry around with them has become one of the most important duties that health officers have to perform. In recognition of this problem, the California State Board of Health has taken steps, through the adoption and enforcement of regulations for the sanitation of automobile camps, to provide every possible assistance in safeguarding those who travel, as well as those who stay at home, against contracting these travel-borne diseases.

In California travel by automobile is not confined to the summer months. It is possible for transcontinental tourists to enter the state through its southern gateway even in the dead of winter. To be sure, the volume of automobile travel is much heavier during the summer months, but the winter travel is extensive and requires as great attention from health officers.

The United States Forest Service, in the camps maintained in the National Forests of California, provides camping places and receives in them no less than 1,500,000 campers during a single season. Thousands of automobiles from other states are continually entering California, bringing travelers to the Yosemite, Lake Tahoe, the Big Bear country, the seacoast resorts, the big trees and to the large cities. Many of these tourists are also looking for advantageous places where they may make their permanent homes. Many of them stop at hotels, but most of them camp out. To provide for them comfortable, clean, camping places with adequate sanitary facilities, pure water and perfect sewage disposal is necessary for protecting the health of the traveling public as well as that of residents.

Nearly every city in California maintains a municipal automobile camp and many counties have also established such places. Privately ...ed camps, conducted for the profit ...ir owners, are being built in large numbers and in all parts of t... state. There are at least 500 aut... mobile camps in California, all ... which are operated under the regul... tions of the State Board of Health.

These regulations require that the... be daily supervision of the ca... under a competent caretaker. A su... ficient supply of pure water deliver... by means of pipes is required, as w... as a sufficient number of fly-tig... privies or water-flushed toilets. Ho... pers or basins for domestic was... water disposal must be provided a... proper disposal of garbage and oth... wastes is required. If cottages ... cabins are used they must be rais... above the ground at least 18 inch... floors and walls must be tight and ... constructed that they may easily ... kept in clean condition, and sufficie... lighting and cubic air space must ... provided. No cooking can be pe... mitted in sleeping rooms and kitche... must be screened against flies a... mosquitoes. Covered metal garba... containers must be provided and t... buildings must be kept in a thorough... clean condition.

The effect of these regulations ... the control of communicable diseas... is far reaching, particularly in chec... ing the spread of diseases that belo... to the intestinal group. The prop... disposal of sewage, screening of pri... ies and toilets against flies and pr... venting the contamination of wat... supplies are of great importance ... preventing typhoid fever, dysente... certain diarrhoeas and other intes... nal diseases. By keeping garbage ... closed metal containers, rats can n... gain access to food supplies. Sin... rats are factors in the spread ... plague and other communicable d... eases, this measure is necessary asi... from the nuisance that these roden... create. By screening against mo... quitoes, which are responsible for t... spread of malaria, this disease m... be kept under control. All of the... requirements in the regulations f... the sanitation of automobile cam... have a bearing upon keeping co... municable diseases in check. In... dentally, they provide for more a... tractive surroundings and create ... more wholesome atmosphere for t... tourist. Full and complete copies ... the regulations may be obtained ... applying to the secretary of the Ca... fornia State Board of Health at Sa... ramento.

New camps are being established ... rapidly and the volume of travel ... increasing so greatly that the Sta...

Digitized by Google

Board of Health is able, with great difficulty, to provide the inspection service needed. There is a marked disposition upon the part of camp owners, however, to comply with the regulations for the sanitation of camps. They know that clean camps mean less communicable disease, more business, satisfied tourists and good community advertising.

Board Hears Many Food and Drug Cases.

The State Board of Health held a preliminary hearing on twenty-five food and drug cases in Los Angeles on November 28th. The articles of food represented by these cases are as follows: Chopped meat or hamburger steak which contained a prohibited preservative; apple vinegar which was adulterated with water and fortified with acetic acid; concentrated tomato paste which contained excessive decomposed and rotten tomatoes; walnuts which were wormy, shrivelled and rancid; soft drinks, including a variety of flavors which were largely imitation products artificially colored to represent fruits.

A preliminary hearing on food and drug cases was held in San Francisco on December 10th. The following articles of food were alleged to be adulterated or mislabeled: tomato products including tomato puree and concentrated tomato sauce which contained excessive decomposed and rotten tomatoes; brazil nuts which were wormy and rancid: walnut meats which were wormy, moldy and rancid: sausage containing cereal and excessive water; meat scraps for beef stew which was spoiled and unfit for food; cider vinegar which was adulterated with water and fortified with acetic acid; maple walnut candy which contained no maple; eggs sold as fresh which were in fact old eggs having a more or less stale odor; chopped meat containing prohibited preservatives; citrate of magnesia which was below standard; maple ice cream containing no maple; vanilla extract which consisted of an imitation product; essence ginger labeled double strength which, on analysis, showed only single strength; camphorated oil which was below the legal standard; soft drinks including a number of varieties mostly flavored with imitation flavors and colored with coal tar dye to imitate fruit products.

Makes Modern Use Of the Three Fates.

Dr. George Joyce Hall, City Health Officer of Sacramento, in a recent address, made a unique application of the three Fates of Grecian mythology to modern health. He said: The Fates were three women who determined destiny. Their names were Clotho, Lachesis, and Atropos. Clotho spun the thread of life and determined its vital quality. Lachesis held the thread in her hands, measured off the days and years, and recorded the chief events. Atropos, the grim-visaged sister, held the scissors, decided when life should terminate, and clipped the thread. These three women of ancient Greece are still with us, having changed their dresses and their names, but not their business. Today Clotho is called "Stock"; Lachesis, "Society"; and Atropos, "Self," the three Fates having become the three "S's."

"Stock" spins the thread of life and determines the quality of your being. Over this fate you have no control. "Stock" is deaf.

"Society" holds the thread of life in her hands, keeps a record of its beginning and its ending and its chief events, and determines to some extent the conditions through which it passes. Over "Society" you have a little control, your controlling influence corresponding in a large measure with what you do for her, but at best you have but a small influence. "Society" is not as deaf to you as "Stock," but she is very hard of hearing.

"Self" clips the thread with the keen-edged scissors of an acute disease or sudden death, or haggles away at the frazzly thread with the dull edge of a chronic disease. "Self," mind you, holds the scissors; "Self" says when. Over "Self," unlike deaf "Stock" or "Society," hard of hearing, your control is as complete as you care to make it. Your life, your health, your vigor, your interest in your work, your pleasure, your efficiency and happiness, are, after all, largely in your own hands.

MORBIDITY.*

Diphtheria.

300 cases of diphtheria have been reported, as follows: Los Angeles 74, San Francisco 87, Los Angeles County 18, Santa Clara County 7, Fresno 5, Richmond 5, Stanislaus County 7, Glendale 5, Berkeley 7, Corona 7, Alameda

*From reports received on December 31, 1923, and January 2, 1924, for week ending December 29, 1923.

Digitized by Google

3, Sacramento 2, Burlingame 2, Huntington Park 1, Long Beach 3, San Mateo County 1, Sacramento County 3, Madera 1, Riverside County 2, Alhambra 1, Santa Paula 1, El Monte 1, Palo Alto 1, Redding 1, Contra Costa County 1, Lodi 1, Porterville 1, Fresno County 1, Lompoc 2, Sutter County 1, Santa Monica 1, Visalia 1, Kings County 1, Petaluma 1, Napa County 2, Red Bluff 1, East San Diego 1, Redwood City 1, Santa Barbara 2, Butte County 1, Orange County 2, San Luis Obispo 2, Bakersfield 1, Hollister 1, Colton 1, Shasta County 1, San Diego 1, Oakland 26.

Measles.

311 cases of measles have been reported, as follows: San Francisco 98, Merced 29, Berkeley 17, Ontario 23, San Luis Obispo County 25, Santa Cruz 6, San Joaquin County 9, Burlingame 7, Los Angeles 9, Alameda 7, Colusa County 1, Riverbank 2, Hollister 1, Santa Barbara 1, San Benito County 4, Sacramento 1, Pomona 1, Richmond 2, Burbank 2, Lodi 1, Santa Clara County 1, Tulare County 4, Fresno County 4, Los Angeles County 1, Lompoc 2, Eureka 3, Contra Costa County 2, San Jose 2, Daly City 1, Santa Rosa 1, Sutter Creek 1, Pasadena 2, Monterey County 4, Salinas 2, Merced County 1, East San Diego 1, Kings County 2, Petaluma 3, Exeter 2, Kern County 2, Taft 1, Palo Alto 2, Pittsburg 1, Calexico 2, Pacific Grove 1, Merced County 1, Mill Valley 1, Dunsmuir 2, Oakland 10, Long Beach 3.

Scarlet Fever.

244 cases of scarlet fever have been reported, as follows: Los Angeles 43, San Francisco 36, Los Angeles County 26, Taft 8, Riverside 10, Long Beach 9, Vallejo 11, Fresno County 15, Stanislaus County 5, Orange County 4, Madera 1, Santa Cruz County 1, Sacramento County 2, Monterey County 1, Berkeley 2, Tulare County 1, Kings County 1, Taft 2, Redding 1, Pasadena 1, Monterey County 2, Livermore 2, Pomona 1, Newman 1, Glendale 1, Red Bluff 1, Grass Valley 1, Contra Costa County 4, Riverside County 3, Huntington Park 3, Modesto 2, San Joaquin County 1, Santa Clara County 1, Fresno 3, Manteca 1, Stockton 1, Ontario 1, Santa Cruz 3, San Luis Obispo County 4, Torrance 2, Corona 1, Sacramento 2, Ventura County 1, Bakersfield 3, Tehama County 2, Colusa County 2, Porterville 1, Watsonville 1, Alhambra 1, San Diego 3, Shasta County 2, Anaheim 2, Oakland 5.

Whooping Cough.

9 cases of whooping cough have been reported, as follows: Tracy 1, Los Angeles 1, Long Beach 2, Hermosa Beach 1, Pasadena 1, Eureka 2, San Francisco 1.

Smallpox.

135 cases of smallpox have been reported, as follows: Los Angeles 79, Los Angeles County 27, Long Beach 13, San Benito County 1, Pomona 3, San Gabriel 2, Santa Paula 1, Glenn County 1, Ventura County 3, Orange County 3, Stanislaus County 1, San Diego 1.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Sonoma County 1, Vallejo 1, Imperial 2, Riverside County 2, Los Angeles 2.

Cerebrospinal Meningitis.

San Francisco reported 1 case of cerebrospinal meningitis.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles 1, Los Angeles County 1, Taft 1, Colusa County 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1923 Week ending Dec. 8	Dec. 15	Dec. 22	Reports for week ending Dec. 29 received by Jan. 2	1922 Week ending Dec. 9	Dec. 16	Dec. 23	Reports for week ending Dec. 30 received by Jan. 2
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	0	2	1	2	8	3	1
Chickenpox	214	169	152	91	148	118	85	41
Diphtheria	345	337	321	300	205	171	211	110
Dysentery (Bacillary)	0	1	0	0	0	1	2	0
Epidemic Encephalitis	3	4	1	0	3	3	1	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	148	134	89	88	81	125	97	42
Influenza	39	39	43	36	35	26	25	13
Leprosy	0	0	0	0	1	0	0	1
Malaria	0	3	3	9	5	2	2	2
Measles	366	370	311	311	20	24	25	20
Mumps	40	28	11	15	13	17	15	5
Pneumonia	95	111	79	95	109	96	128	41
Poliomyelitis	12	5	6	4	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	243	280	294	244	174	156	132	75
Smallpox	164	115	121	135	12	4	12	7
Syphilis	173	189	96	161	83	130	63	35
Tuberculosis	188	111	155	165	154	157	89	59
Typhoid Fever	20	18	20	8	19	9	19	5
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	41	28	15	9	51	71	36	26
Totals	2092	1943	1719	1672	1115	1118	945	485

7543 1-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 48 JANUARY 12, 1924 GUY P. JONES EDITOR

Delay is Great Factor in Diphtheria Mortality.

An analysis of the first 500 deaths from diphtheria to occur in New York State during 1923 leads to the conclusion that a large percentage of these deaths need not have resulted. Delay in the institution of several life-saving procedures, for which parents and guardians as well as physicians were to blame, constituted the greatest contributing factor in these 500 deaths.

In more than half of these fatal cases there was no medical attention until the third day or later. In only 15 per cent of the cases was a physician called on the first day of illness and in only 32 per cent was a physician called on the first or second day. Parents and guardians were to blame for this delay.

In about 50 per cent of the cases the physician did not administer antitoxin at his first visit and in 53 cases, 11 per cent of the total, antitoxin was not administered at all. According to Dr. Bertrand E. Roberts, Epidemiologist of the New York State Department of Health, it is unjustifiable to delay treatment while awaiting a laboratory report on a culture if there is even a suspicion that the patient may be suffering from diphtheria. In some cases of doubtful diagnosis, which were seen on the first day of illness, Dr. Roberts says that there may have been some excuse for delaying treatment until confirmation of the diagnosis was secured from a laboratory. Such a condition of doubt is rare after the first day, yet there were 159 instances in which a physician did not see the case until the second day of the disease or later, but in which he waited at least one day before giving antitoxin. When adequate and proper treatment is given to diphtheria patients on the first day of the disease, with necessary surgical measures used in laryngeal cases and with good care during illness and convalescence the death rate is practically nil. The most important procedure is the administration of antitoxin immediately and in adequate amount in all cases showing any clinical evidence of diphtheria.

Dr. Roberts urges that the intravenous method of administration of antitoxin should be more generally used, particularly in severe cases and in moderate cases seen later than the second day of the disease. If the intravenous method is not used, antitoxin should be administered intramuscularly. In no cases should antitoxin be administered subcutaneously, except to exposed individuals for prophylactic purposes.

Of the 500 deaths analysed, 336 were due to interference with breathing (choking to death) or to heart complications. The early use of antitoxin in adequate amount would, undoubtedly, have prevented these complications. Of 110 deaths from respiratory obstruction, 58 had no surgical treatment. The proper surgical treatment in laryngeal cases is an important procedure.

Better care of convalescent patients is urged by Dr. Roberts. This is emphasized by the fact that heart compli-

Digitized by Google

cations played a part in nearly one-half of these 500 deaths. Failure to keep convalescent patients at rest, usually contrary to the physician's orders, is a factor in many of these deaths.

This analysis indicates that the following were the chief factors in these 500 deaths from diphtheria in New York State:

1. Delay in securing medical attention.
2. Delay in administration of antitoxin.
3. Insufficient dosage and improper (subcutaneous) administration of antitoxin.
4. Lack of surgical treatment in cases of laryngeal diphtheria.
5. Lack of proper care, including failure to keep convalescent patients at rest.

Beri Beri is Problem in Orient.

In California, where cases of beri beri are seldom seen, we are accustomed to regard the disease without apprehension, since it is a food-deficiency disease which is caused by the continued use of polished rice in the diet. That the disease is of great importance in the Orient is indicated by a recently published report by Dr. W. A. Sawyer of Melbourne, Australia, former secretary of the California State Board of Health, now Assistant Director for the East, International Health Board and International Health Board Advisor in Public Health to the Australian Commonwealth Department of Health. While the disease is no longer a problem in Australia its presence in the Orient presents a huge public health problem. Food habits are not easily changed and attempts to discourage the demand for over-milled rice, through education alone, have had little tangible result. The many problems related to the control of this disease will be taken up at the next congress of the Far Eastern Association of Tropical Medicine.

Will Show Picture on Prenatal Care.

The Children's Bureau motion picture on prenatal care, entitled "Well Born," will be shown in Lane Hall, Stanford University Medical School, San Francisco, on Thursday, January 17th, at 1.30 p.m. The showing of this picture will be in connection with a student course conducted by Dr. Adelaide Brown. Nurses, physicians, and interested individuals are welcome to attend.

Hospital Opens Clinic For Diphtheria Immunization.

The Children's Hospital of San Francisco has established a diphtheria prophylaxis clinic, which will be held in the out patient department on Tuesdays and Thursdays from 2 to 3 p.m., under the direction of Dr. E. C. Fleischner. Toxin antitoxin mixtures will be administered in three weekly injections to all susceptible children. The charge will be only sufficient to cover the cost of materials.

Dr. Fleischner, chief of the communicable disease department of the Children's Hospital, states, "Six hundred children die annually in California from diphtheria. Every child can be immunized against diphtheria by three weekly injections of toxin antitoxin. These injections are absolutely harmless and confer an immunity which probably lasts a lifetime. Observations have already been made which show that it lasts nine years. Inasmuch as diphtheria is a disease which occurs most frequently in children under five years of age and is most fatal during that period, all children should be immunized at the age of one year. The immunity is developed in 97 per cent of the cases three months after the injections. The administration of the toxin antitoxin produces no reaction in the individual to whom it is given, or at the most very slight fever and passing redness at the site of injection lasting a few hours. Diphtheria is increasing and it is a duty of every parent to protect his child against the ravages of this disease."

San Diego Starts Crusade on Rats.

The San Diego city health department has begun a campaign of rat extermination. The increased rat population, which has been observed throughout California, has led San Diego to join other coast cities engaged in a similar war of extermination against these disease-spreading rodents. Vessels tying up at San Diego wharves will be required to use rat guards on their hawsers. It is believed that laxity in the enforcement of regulations requiring the use of rat guards may be a factor in the increased prevalence of rats in the city.

Digitized by Google

Opposes Indulgence in "Open-Faced Sneezes."

The Merced *Sun* protests against the uncovered sneeze and voices its opposition in the following editorial:

"Doctors today are doing all they can to kill the superstition that "colds are caught from the weather. But the populace clings tenaciously to its fear of drafts, wet feet and rain.

In the meantime this same populace—with the exception of a very limited number of enlightened mortals—goes about indulging in open-faced sneezes. The doctors say that an uncovered sneeze sends its germ-laden spray fully 10 feet beyond the sneezer's face. On street cars, in offices where desks are close together, in crowded department stores, in school rooms—in fact, wherever people are assembled less than 10 feet away from each other—the germs which cause the so-called "cold" are generously passed about from person to person. Naturally many who, for one reason or another, are not in as good condition for resisting germs as they ought to be, succumb.

There really ought to be placards on street cars and in other public places, reminding people that more than courtesy is involved in the covered sneeze. The simple physiology and hygiene talks in the schoolroom, too, shouldn't overlook this."

Sacramento to Open Free Clinic.

The city health officer of Sacramento, Dr. George Joyce Hall, announces that the city health department will open a free clinic during the first week of February for persons who are unable to pay for the medical attention that they may require. The clinic will represent an annual expenditure of about $5,000. A nurse, social service worker and anesthetist will be employed. Physicians and surgeons of Sacramento will volunteer their services. The new clinic will remove such clinic service as is now; of necessity, maintained in the city emergency hospital and will thus make for greater efficiency.

The number of deaths from diphtheria will be enormously reduced when parents are brought to a realization of their responsibility to secure prompt medical attention whenever one of their children suffers with a sore throat or croup, and when every physician administers antitoxin in sufficient dosage whenever there is the slightest suspicion that a child has diphtheria.—Dr. Matthias Nicoll, Jr., State Commissioner of Health, New York.

Promoting Full Time County Health Units.

At a public welfare conference held in Bloomington, Illinois, October 26–28, Assistant Surgeon General W. F. Draper, of the United States Public Health Service, read a paper entitled "County Health Work." He stated that at the present time there are two hundred and thirty-one counties in the United States with full time health service, Ohio leading the list with forty-two such departments. He stated further, "It has been found, through many years of careful study and investigation, that the practical application of our knowledge of disease prevention and health promotion can best be brought to the 90 per cent of our rural population who are still without it through the establishment of local whole time health departments so organized and administered as to be in keeping with the needs and resources of the communities in which they operate. As state and national, as well as local interests, are served by local health organizations, it has proved desirable and beneficial that all of these agencies should share in the responsibilities and assist in the maintenance of the work."

Tie Up Dogs in Auto Camps.

A number of protests against the practice of permitting dogs to run at large in automobile camps have been received by the California State Board of Health. As a safeguard against rabies, which is spread chiefly by stray and travelling dogs, such animals should not be permitted to run at large in camp grounds. As a simple sanitary measure, the activities of campers' dogs should be restrained. Persons in charge of automobile camps have full justification in requiring dog owners to tie up their animals while in the camp grounds.

MORBIDITY.*

Diphtheria.

268 cases of diphtheria have been reported, as follows: San Francisco 59, Los Angeles 65, Los Angeles County 30, Sacramento 6, Oakland 16, Santa Clara County 5, Richmond 6, Fresno County 8, Long Beach 5, Ventura County 1, Santa Cruz 1, Stanislaus County 3, Piedmont 1, San Bernardino 1, Merced 1, Redondo Beach 1, Alameda County 1, Huntington Park 1, Lakeport 1, Contra

*From reports received on January 7th and 8th for week ending January 5, 1924.

Digitized by Google

Costa County 2, Pasadena 3, Berkeley 3, San Fernando 2, San Gabriel 1, El Monte 1, Alhambra 3, Riverside 2, Kingsburg 1, Orange County 1, Alameda 1, Madera 1, Stockton 1, Santa Clara 2, El Cerrito 1, Daly City 2, Bakersfield 1, Burlingame 1, Turlock 3, Sutter County 1, Santa Barbara 2, San Diego 21.

Measles.

347 cases of measles have been reported, as follows: San Francisco 131, Berkeley 18, Alameda 12, Oakland 7, Stanislaus County 5, Santa Clara County 5, Ontario 16, Kern County 15, Los Angeles County 5, Merced 19, Monterey County 12, Fresno County 6, Los Angeles 16, Riverside 6, Sacramento 7, Palo Alto 5, Newman 13, Petaluma 6, Humboldt County 1, San Bernardino County 1, Stockton 2, Contra Costa County 1, Piedmont 1, Lodi 2, Orange County 1, Taft 1, Arcata 4, Pacific Grove 1, El Monte 2, Sutter County 1, La Verne 1, Pasadena 2, Santa Cruz 2, Sonoma County 4, Sacramento County 2, Torrance 1, Venice 2, Sisson 4, Avalon 1, Richmond 2, Mill Valley 2, South San Francisco 1, San Diego 1.

Scarlet Fever.

217 cases of scarlet fever have been reported, as follows: San Francisco 29, Los Angeles 44, Fresno County 9, Los Angeles County 23, Oakland 12, Sonoma County 5, Fullerton 1, El Cerrito 1, Daly City 3, Vallejo 3, Sacramento County 4, San Bernardino 2, Alameda County 2, Berkeley 2, Oxnard 2, Sacramento 3, Huntington Park 2, Merced County 1, Hermosa Beach 4, Long Beach 1, Whittier 4, Pomona 4, Riverside 4, Alhambra 1, Monterey County 1, Lindsay 2, Taft 2, Orange County 1, Dinuba 1, Pasadena 1, Stanislaus County 2, Ontario 1, Richmond 1, Stockton 2, Colusa 1, Santa Cruz 2, Yuba City 1, Madera County 4, Alameda 1, Fowler 1, San Bernardino County 3, Bakersfield 1, Lodi 3, Kern County 5, Huntington Beach 1, Santa Cruz County 3, San Diego County 1, San Diego 10.

Whooping Cough.

27 cases of whooping cough have been reported, as follows: San Joaquin County 9, San Diego 6, San Francisco 1, Tracy 1, Stockton 2, Fullerton 1, Pasadena 2, Los Angeles 1, Williams 2, Long Beach 2.

Smallpox.

143 cases of smallpox have been reported, as follows: Los Angeles 70, Los Angeles County 38, Long Beach 15, Ontario 6, Pomona 4, El Segundo 1, Compton 3, Huntington Beach 1, Colton 2, Anaheim 1, Pasadena 1, Fresno County 1.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Sacramento 1, Los Angeles 2, Los Angeles County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Kern County 1, Santa Clara 1.

Epidemic Encephalitis.

4 cases of epidemic encephalitis have been reported, as follows: Oakland 1, San Francisco 1, Lodi 1, Los Angeles 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1923-1924				1922-1923			
	Week ending			Reports for week ending Jan. 5 received by Jan. 8	Week ending			Reports for week ending Jan. 6 received by Jan. 9
	Dec. 15	Dec. 22	Dec. 29		Dec. 16	Dec. 23	Dec. 30	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	2	0	0	8	3	1	3
Chickenpox	169	152	113	184	118	85	82	147
Diphtheria	337	319	315	268	171	211	201	130
Dysentery (Bacillary)	1	0	1	0	1	2	7	0
Epidemic Encephalitis	4	1	0	4	3	1	3	0
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	134	89	90	104	125	97	61	113
Influenza	39	43	40	26	26	25	19	19
Leprosy	0	0	0	0	0	0	1	0
Malaria	3	3	6	0	2	2	2	1
Measles	370	311	450	347	24	25	32	57
Mumps	28	11	16	10	17	15	12	11
Pneumonia	111	79	101	79	96	128	229	72
Poliomyelitis	5	6	6	2	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	280	294	269	217	156	132	119	118
Smallpox	115	121	143	143	4	12	14	20
Syphilis	189	96	162	132	130	63	84	92
Tuberculosis	111	155	172	118	157	89	159	141
Typhoid Fever	18	20	8	4	9	19	11	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	28	15	10	27	71	36	52	70
Totals	1943	1717	1902	1665	1118	948	1089	1000

CALIFORNIA STATE PRINTING OFFICE

27643 1-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 49 JANUARY 19, 1924 GUY P. JONES EDITOR

Los Angeles Advances in Mental Hygiene Demonstration.

Los Angeles has been chosen for the next child-guidance demonstration of the National Committee for Mental Hygiene for the current year. Similar demonstrations are carried on by the committee in New York City, St. Paul, and Minneapolis and in Monmouth County, New Jersey.

In the Los Angeles demonstration a number of pediatricians, neurologists, psychiatrists, psychologists and social workers of Los Angeles will work with the clinic as volunteers.

The public schools, the juvenile court, and the social agencies have developed a program in connection with the clinic. It is planned to do intensive work on a limited number of individual cases, and illustrate what can be accomplished if a community's resources are concentrated on a given problem child. It is expected thereby to develop methods and technique that can be applied later to all problem children in the city. This desire for an intensive piece of work during the demonstration period, together with the unusual cooperation of the social forces in the city, should make this demonstration outstanding in its results.

A Mental Hygiene Committee, composed of 200 citizens, representing the medical profession, the courts, the public schools, Chamber of Commerce, social agencies, and other bodies in Los Angeles, has developed and underwritten a program that provides for a permanent clinic following the demonstration period with a minimum budget of $25,000 a year. This committee has employed a full-time secretary, who will carry on an educational program under the direction of an educational committee.

The Los Angeles public school system, under the direction of Dr. A. H. Sutherland, has already developed special classes and special schools, and individual methods of training problem children, while the juvenile court is well organized, under the direction of Dr. Miriam Van Waters.

Los Angeles has a chapter of the American Association of Social Workers. This organization will work very closely with the demonstration, and place full-time, carefully selected social workers in the child-guidance clinic.

Dr. A. J. Rosanoff, formerly of Kings Park State Hospital, New York, now located at Los Angeles, is chairman of the organizing committee of the Los Angeles Mental Hygiene Committee, and will work as one of the volunteer psychiatrists at the clinic. The demonstration will be under the direction of Dr. Ralph P. Truitt, formerly Medical Director of the Illinois Society for Mental Hygiene. Dr. Christine M. Leonard will be chief of the staff.

Digitized by Google

Voluntary Clinic Attendance Wins.

The Detroit Department of Health at one time conducted a venereal disease clinic at which attendance was compulsory. A changed policy made attendance voluntary, with the result that the monthly attendance jumped from 350 to more than 10,000. Of the change in policy the health officer states:

"In the days of compulsion, quite naturally, most cases were well developed, rarely were early or beginning cases seen. Those attending were suspicious of and antagonistic toward us. They looked upon the Department of Health as an enemy. We learned nothing from them.

With the voluntary clinic the entire situation is changed. From 350 the average monthly attendance has jumped to over 10,000. Not only are early cases seen but many people come to find out if there is any possibility of their having an infection. People now look upon the Department as a friend. They are not only willing but anxious to tell us their troubles. Mutual confidence has accomplished wonders. Cases are getting under treatment early and staying under treatment in a way that they never did under the former program. Through the educational features of the program, lectures and individual talks, the occurrence of many new cases has doubtless been prevented.

From a purely public health standpoint, and this is of course the only point of view from which the Department approaches the problem, there seems not the slightest doubt but that an attitude of kindly cooperation is accomplishing far more than compulsion could ever hope to accomplish. At present over 75% of the women in the venereal clinic are married. Many have innocently contracted the disease from which they are suffering. Under a compulsory law the clinic would never see any of these women. Are they not the very ones whom it is most worth while to help?

The primary interest of the venereal clinic is not to treat but to see that persons in need of treatment get that treatment. All persons who can afford the services of a private physician are refused treatment at the clinic. An increasingly large percentage of persons are being referred to private physicians. It is the hope and aim of the clinic to still further minimize the amount of treatment given and to make of it primarily a clearing house for venereal or suspicious venereal disease."

More Diphtheria Cases Reported During 1923.

There were 9521 cases of diphtheria reported in California during the year 1923 as against 8711 cases of this disease reported during the year 1922. Mortality data for 1923 are not complete at this writing but it is probable that there were more deaths from diphtheria in 1923 than there were in 1922, when 599 such deaths occurred within the state. November and December of 1923 brought considerably higher numbers of cases of the disease than did corresponding months of 1922.

These facts emphasize the importance of continuing the attack against diphtheria with added aggressiveness. Parents and guardians have a grave responsibility in securing the immunization of their children against the disease. Health departments and physicians have added duties in making known the advantages of such immunization and in furthering the procedure particularly among persons who are unable to pay for immunization.

Smallpox Rising On Sharp Curve.

There were 230 cases of smallpox reported last week, 131 of which are in the city of Los Angeles and 79 in the other cities and in the rural districts of Los Angeles county. The increased prevalence of smallpox, particularly in the southern part of the state, makes it imperative that vaccination of all unvaccinated individuals be undertaken without delay.

Unusual Outbreak at Santa Ana Investigated.

An outbreak of what appears to be some sort of intestinal infection, involving between 2000 and 3000 residents of Santa Ana as well as those of the territory surrounding that city, is being investigated by the State Board of Health, cooperating with Dr. W. L. Mitchell, county health officer. The outbreak is one of the most interesting from an epidemiological standpoint, of any outbreak that has occurred recently within the state. The report of the investigation will be presented in an early issue of the bulletin.

"There is no substitute for health."

"Public health is the sum total of personal health."

Digitized by Google

Early Day Smallpox Vaccination in California.

Californians should be interested in the January issue of *Hygei* which contains the story of James O. Pattie, who set out with his father in 1824 to carry "smallpox vaccination" to California.

Traveling down the Colorado River, they were ambushed by Indians, but succeeded in escaping, only to be captured later by unfriendly Mexicans and thrown into jail in San Diego. Here the elder Pattie died. His son, James, after horrible sufferings, was released on condition that he would consent to vaccinate the governor of the prison, who was in fear of the epidemic then raging. Pattie stood out for the release of other members of his party, and finally was set at liberty and given the commission to vaccinate all the inhabitants of the California coast. He traveled from mission to mission, meeting with many adventures, but vaccinated all he met, including the Indians. When he finally presented a bill for his services, payment was at first made conditional on his becoming a Catholic and a citizen of Mexico. When he attempted to remonstrate, he was robbed of everything he had. On returning to the United States, he began an ardent crusade against Mexico, advocating plans which were eventually followed by Fremont in the taking over of California.

Immunize First, Apply Test Later.

Because the percentage of nonimmunity to diphtheria is so high, particularly in the rural districts of New York, the State Department of Health has announced that it is a better policy to give toxin-antitoxin first, and after a period of several months to follow with the Schick test, in order to determine if immunity is complete.

"Abolition of disease—and we can abolish 80 to 90 per cent of all the physical ills we suffer, outside of accident and old age—abolition of disease is the next great task of civilization. To abolish diseases means also to abolish our greatest cause of poverty—there is no single cause, apart from feeble-mindedness, so great in producing poverty as disease. It can be done; only a pacifist attitude of mind induced by centuries of submission to disease as something inevitable permits disease to continue. Now that we have broken the shackles of traditional ignorance, now that we see clearly that we can be free and how to gain our freedom, it is inconceivable that we shall for many years longer bow beneath this needless and, because needless, quite intolerable burden."

—H. W. Hill, M. D.

New York State Issues Weekly Bulletin.

Beginning the first of the year, the New York State Department of Health began publishing a weekly bulletin, "Health News." This publication replaces two monthly publications designed specially for health officers and public health nurses. Current information concerning the incidence of communicable disease must be issued at frequent intervals in order that health officers and nurses may make use of such information. A weekly publication supplies a real need and constitutes the best medium for promoting increased efficiency in communicable disease control.

Asks for $10,000 to Fight Smallpox.

Dr. L. M. Powers, health commissioner of Los Angeles, has asked the city council for $10,000 to be used in the control of smallpox which is epidemic in that city. In his request for funds to combat the disease, Dr. Powers stated that there were 60 cases of smallpox in the detention hospital and that 50 cases were under quarantine in homes. A short time ago the Los Angeles city council provided $5,000 for the use of the health department in smallpox control.

MORBIDITY.*

Diphtheria.

304 cases of diphtheria have been reported, as follows: San Francisco 74, Los Angeles 74, Fresno County 10, Sacramento County 5, Santa Clara County 5, Santa Ana 5, Santa Barbara 7, Los Angeles County 13, Alameda 5, Sacramento 11, Berkeley 3, Long Beach 4, Merced 1, Selma 1, Santa Paula 1, El Cerrito 1, Imperial 1, San Bernardino 4, San Gabriel 1, Bakersfield 4, Kern County 3, Pomona 1, Merced County 2, Whittier 3, Monterey County 1, Lompoc 1, Ventura County 1, Richmond 3, Stockton 1, Lake County 1, Montebello 1, Ukiah 2, Eureka 1, Stanislaus County 1, Redondo Beach 1, El Monte 1, Alhambra 2, Pasadena 3, Lodi 1, Colton 1, Alameda County 2, Oakland 38, Pleasanton 1, National City 1, Los Gatos 1.

Measles.

515 cases of measles have been reported, as follows: San Francisco 108, Berkeley 55, Oakland 20, Pittsburg 49, Los Angeles 27, Kern County 29, Pasadena 31, Merced 20, Hanford 21, San Jose 19, Amador County 11, Merced County 9, Monterey County 17, Santa Clara County 7, Alameda 6, Newman 5, Palo Alto 5, Contra Costa County 1, Richmond 3, Alhambra 2, Santa Barbara 3, Elsinore 1, Huntington Park 1, Red Bluff 1, Fowler 1, Santa Rosa 4, Napa 1, Riverside 3, Corte Madera 2, Sacramento 3, Stanislaus

*From reports received on January 14 and 15 for week ending January 12, 1924.

Digitized by Google

County 1, San Jose 1, Taft 1, Hillsborough 2, Hollister 1, Sutter County 1, Venice 1, San Bernardino 1, Eureka 6, Santa Cruz 1, Lake County 1, Long Beach 2, Riverbank 3, Los Angeles County 3, Pomona 4, Redwood City 1, Arcata 1, Sacramento County 2, Fresno County 1, San Mateo County 1, Alameda County 1, Ontario 8, Calaveras County 4, Los Gatos 1, Healdsburg 1.

Scarlet Fever.

250 cases of scarlet fever have been reported, as follows: Los Angeles 85, San Francisco 33, Los Angeles County 16, Kern County 11, Fresno County 13, Whittier 7, Orange County 8, Long Beach 5, Hanford 1, Taft 3, Colusa County 4, Stanislaus County 3, San Jose 1, Tehama County 3, San Bernardino 2, Merced County 2, Guadalupe 2, Lindsay 2, Colusa 1, San Joaquin County 2, Vallejo 4, El Cerrito 1, Turlock 1, El Dorado County 3, Santa Clara County 2, Santa Ana 1, Alhambra 1, Compton 1, Alameda 2, Riverside 2, Newman 2, Sacramento 3, Selma 1, Riverbank 1, Palo Alto 1, Pomona 2, Berkeley 3, Pasadena 1, Benicia 1, Oakland 12, Modesto 1.

Whooping Cough.

36 cases of whooping cough have been reported, as follows: Eureka 8, Richmond 1, Del Norte County 10, Crescent City 1, Co County 1, Los Angeles 2, Pasadena 4, Angeles County 2, Pomona 1, San Franc 4, Long Beach 2.

Typhoid Fever.

9 cases of typhoid fever have been repor as follows: Vallejo 1, Los Angeles County Santa Rosa 1, Merced County 1, San Joa County 1, Long Beach 1, San Francisc Oakland 1, Los Angeles 1.

Smallpox.

230 cases of smallpox have been repor as follows: Los Angeles 131, Los Ang County 34, Long Beach 24, Huntington P 7, Pomona 9, Compton 5, Monterey Park Alhambra 4, Pasadena 1, South Pasadena El Segundo 3, Glendora 1, La Verne Orange County 2, Santa Ana 1, Sacrame County 1, Yreka 3.

Cerebrospinal Meningitis.

Two cases of cerebrospinal meningitis h been reported, San Francisco and Pasad each reporting one case.

Epidemic Encephalitis.

Two cases of epidemic encephalitis h been reported from Stockton.

COMMUNICABLE DISEASE REPORTS.

	1923–1924				1922–1923			
	Week ending			Reports for week ending Jan. 12 received by Jan. 15	Week ending			Repo for w endi Jan. receiv by Jan.
	Dec. 22	Dec. 29	Jan. 5		Dec. 23	Dec. 30	Jan. 6	
Anthrax	0	0	0	0	0	0	0	
Cerebrospinal Meningitis	2	0	0	2	3	1	3	
Chickenpox	152	113	223	451	85	82	167	1
Diphtheria	319	315	292	304	211	201	157	1
Dysentery (Bacillary)	0	1	0	0	2	7	0	
Epidemic Encephalitis	1	0	5	2	1	3	0	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	89	90	108	74	97	61	127	1
Influenza	43	40	31	47	25	19	33	
Leprosy	0	0	0	0	0	1	0	
Malaria	3	6	0	1	2	2	1	
Measles	311	450	432	515	25	32	63	
Mumps	11	16	20	19	15	12	11	
Pneumonia	79	101	94	128	128	229	75	1
Poliomyelitis	6	6	2	0	0	0	0	
Rabies (Human)	0	0	0	0	0	0	0	
Scarlet Fever	294	269	251	250	132	119	142	1
Smallpox	121	143	152	230	12	14	25	
Syphilis	96	162	133	152	63	84	100	1
Tuberculosis	155	172	127	204	89	159	162	1
Typhoid Fever	20	8	5	9	19	11	9	
Typhus Fever	0	0	0	0	0	0	0	
Whooping Cough	15	10	28	36	36	52	85	1
Totals	1717	1902	1903	2424	945	1089	1160	12

CALIFORNIA STATE PRINTING OFFICE

79 1-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 50 JANUARY 26, 1924 GUY P. JONES EDITOR

ORANGES NOT A SUBSTITUTE FOR MILK.

By M. E. Jaffa, M. S., Consulting Nutrition Expert, California State Board of Health.

In the issue of the Weekly Bulletin for January 5th, last, there appears an article entitled "Oranges vs. Milk for the School Lunch," referring to a paper by Miss Margaret S. Chaney, published October, 1923, in the American Journal of the Diseases of Children and reviewed editorially in the Journal of the American Medical Association for December 29, 1923.

In view of the fact that so many questions have been asked with reference to this article it would seem pertinent to present some comments, in order that there shall be no misunderstanding in the mind of the layman.

The statement in the article which has given rise to considerable confusion and misconception is:

"It would appear, however, that oranges may produce as beneficial results as milk in the promotion of growth and weight."

In other words, there are those who have, therefore, concluded, as indicated by their questions, that oranges may be considered as a substitute for milk. It should be stated at the outset that this it not true, but that they should both be classed as supplemental foods and in order to properly and comprehensively understand this matter it is necessary to discuss separately the nutritional worth of the two foods and then make the comparison.

In accordance with the rulings and opinions of the Bureau of Chemistry, U. S. Department of Agriculture, no food or food product can be considered as a substitute for milk unless said food or food product possesses the nutritional properties of milk. The question is, then, do oranges possess these properties of milk?

The evaluation of a food to the body depends on (1) its potency as a tissue builder, (2) its availability as a source of energy, (3) its ability to regulate the body processes.

Some foods like lean meat are rich in tissue building properties, others, such as rice and the cereals, are most excellent sources of energy.

If the different ingredients or nutrients which make up our foods had the same value for promoting growth and development of the young then it could be said that oranges might be a substitute for milk, in that the percentage of *total* nutrients in the two foods differ but little. It has long been known, however, that each nutrient of a food not only has its specific function and duty to perform in the body, but, that the *same* nutrient in different foods will vary as to the respective value for growth promoting purposes and it is in this respect that milk outshines every other food.

Growing Child Needs Protein.

It is absolutely essential for a growing child that it receive protein or nitrogenous compounds, rich in special amino acids or units of structure, easily digested and assimilated. There is no one food which, in this respect, is ahead of milk, and for the very young child no food equal to it. For the older individual milk may be replaced in part by meat and eggs. For promoting growth and development in the young, the animal proteins, such as those of milk, meat and eggs, are far more valuable

Digitized by Google

than the vegetable. The coefficient of digestion for these animal proteins is 97 per cent, while the corresponding figure for fruit protein is only 85. Furthermore, fruit protein alone is inadequate for growth and development. It is thus seen that orange protein could not be considered as a substitute for milk protein in the food of the child.

It goes without saying that it is unnecessary to dwell upon the comparative values of the fat content of the two foods. The amount found in oranges is almost negligible, while that of milk constitutes almost 25 per cent of the total solids in milk, and, furthermore, there is no substitute, dietetically, for milk fat or butter owing to its richness in vitamin A. It is true that egg yolk fat has a high nutritional value, but it is not as available as butter.

With reference to vitamins in general it may be said that three facts must be accepted:

1. There are 3 types of vitamins, A or antirachitic, B or antineuritic, and C or antiscorbutic. A being soluble in fat and B and C soluble in vater.
2. Vitamins are unidentified dietary essentials, therefore,
3. No diet can be complete without them.

All these three types of vitamins are essential for growth, and the maintenance of normal condition in the adult. Each also has its separate function in the body with reference to prevention of certain deficiency diseases, A for the prevention of rickets, B for the prevention of beriberi and kindred diseases and C for the prevention of scurvy.

The natural foods, milk, eggs, meat, fruits and vegetables, are by far the best source of these vitamins, not the proprietary products so well advertised, in colored headlines and variegated cuts, in the daily press.

When comparing the carbohydrates of the two foods it will be observed that the orange is far richer than milk and if carbohydrates only were to be considered in discussing the value of a food, nutritionally, then oranges would outrank milk. But, while the carbohydrates are necessary they are far from being the main consideration.

Mineral in Diet Necessary.

Some years ago it was not considered vitally necessary to devote any particular attention to the content of mineral matter in the diet. It was thought that any diet would contain sufficient quantity of the mineral elements to satisfy the requirements of the body. It is a little more than a decade since the first comprehensive bulletin on the subject of the importance of mineral elements in nutrition was published. Since that time more and more attention has been given to this subject, with the result that a fuller realization and appreciation of the mineral elements in the diet has been brought about.

Furthermore, it has been found by most careful and comprehensive investigations that it is a question of quality and not of quantity and it is for this reason that not only is it necessary to know the percentage of mineral matter in a food but the *nature* of that mineral matter. In other words, two foods might have identically the same percentage of mineral matter and yet be diametrically opposite as far as biological worth or nutritional value is concerned. This is well illustrated in the case of oranges and flour. The percentage of ash or minerals in the last named foods are identically the same (five-tenths of one per cent). The nature or quality, however, of the mineral matter in the respective foods is absolutely different. In the flour there is the predominance of the acid-forming minerals, while in the orange we find exactly the opposite and basic-forming minerals, potash predominating. It may be said that it is this basic character of the minerals in oranges and other fruits which renders them so valuable and at the same time so necessary to maintain the proper equilibrium of the body as far as the mineral element is concerned.

It is a well known fact that, in planning the food for the young and growing animal, one of the first considerations is the supplying of material for the growth and development of the bones the main ingredient of which is calcium phosphate. If the food does not contain sufficient amount of available calcium and phosphorus, and also of the vitamins necessary for the adequate *assimilation* of these two minerals there will result a poorly developed skeleton and consequently a poorly developed body, in that the full development of the bones is the first essential of a normal body.

Analyses show that milk is 40 per cent richer than the orange in *total* amount of ash. This figure, however, does not tell the whole tale, in that the milk ash is rich in bone-forming minerals containing, per unit weight, between two and three times as much lime and about four times as much phosphorus as is shown for the orange. It is of interest, in passing, to note that there is no one food so adequate for bone building as milk. This is due not only to the high calcium content in the ash of milk but also to the fact that milk is such a potent source of vitamin A, the presence of which is vitally necessary for the optimum assimilation of calcium. It has been proven that in the absence of vitamin A there will not be an adequate assimilation by

Digitized by Google

the body of calcium, even though there be a generous supply of this mineral in the diet.

It is obvious, then, that the nutritional value of oranges and milk differ radically, biologically, in their respective content of fat, protein, and minerals; thus proving conclusively that oranges can not be considered as a substitute for milk for the purposes of growth and development of the young.

Again, milk can not be considered as a substitute for the orange in discussing the respective content of vitamin C, in that milk is at best not rich in this dietary essential, and under certain conditions may be absolutely deficient in this respect, while exactly the reverse is true of the orange.

Orange an Important Food.

It must not be inferred from the foregoing that the orange is not a most important food—far from it. In the issue of the WEEKLY BULLETIN, California State Board of Health, under date of June 3, 1922, appears an article entitled "Eat More Fruit." It is there pointed out that fruits, and especially the orange and other citrus fruits, are most excellent foods.

Both Are Supplemental Foods.

It might be asked how, then, in the light of the foregoing, do oranges and milk compare in food value? The answer to this question is that they are, in every sense of the word, supplemental foods—not substitutional ones. They are supplemental in that one helps to make good the deficiencies of the other. Milk, particularly pasteurized milk, is more or less deficient in vitamin C. The orange, it has just been shown, in one of our best sources of this vitamin. Again, the mineral matter in the orange effectively adds to the body a supply of minerals so necessary to maintain the proper condition of the blood stream. Furthermore, the orange, with its 12 per cent of sugar, helps in no small way to increase the energy value of the combination.

Milk, on the other hand, owing to:

1. Its most valuable fat content,
2. Its richness in protein of the highest biological type, and
3. Its being such a highly important and adequate source of essential minerals for growth and repair,

renders it a most timely addition to the orange which is poor in protein and fat and far different in its mineral content.

In this connection it may be asked, "Are there *any* conditions, under which oranges would produce as beneficial results as milk in the promotion of growth and weight?" The answer is, "Yes, there are such conditions." For example, if a group of children were receiving sufficient milk for their respective body requirements, but their diet was *deficient* in fresh fruit and vegetables, then, naturally, the addition of more milk would still not meet the body needs; whereas, the addition of fruit, particularly orange, would supply the deficiencies of the diet and make for better health conditions.

This in fact is what happened in connection with the study, made by Miss Chaney, previously referred to, who very sensibly and truly writes:

"A comparison of the gains of the orange and milk groups is of interest. Oranges apparently are superior to milk as fed to the children involved in the test. As determined by the questionnaire, most of the children were receiving sufficient milk at home. On the other hand, oranges were used less plentifully; in many cases not at all. Therefore, the oranges fed at school supplemented the milk and caused more rapid gain."

The conclusion from such a finding is, however, far from indicating that oranges can be substituted for milk in the promotion of growth and weight; but clearly indicates the value of the orange as furnishing that which the milk lacks, in other words, being a supplemental food.

Two foods can be used interchangeably or substitutionally from a nutritional standpoint, only when they can replace each other in the diet. Take for example milk and orange. If 100 grams of milk were required for certain growth purposes, then 50 grams of milk plus 50 grams of orange would be equivalent for the purposes of growth to the 100 grams of milk, if the two foods had the same biological value. In view of the fact that such is not the case it would be doubtful if such a substitution would be advisable or desirable and this is specially true when considering the proteins. The orange protein does not rate as high, nutritionally, as does that of milk and, furthermore, the percentage of this ingredient in the orange is only about one-third of that recorded for milk.

Miss Chaney also very wisely says, "Further investigation using a group of children from a poor district, may show decidedly different results and will make an interesting study."

Such an investigation is urgently called for because in the poor districts as a rule children do not receive sufficient milk to satisfy the demands of growth and in such cases in all probability the milk would prove more beneficial than the orange.

Summary.

Summarizing the foregoing presentation it would appear:

1. That oranges and milk are bo excellent and important foods and ha

Digitized by Google

their respective places in a well balanced dietary.

2. Owing to the great difference, biologically, of the respective nutrients in milk and the orange they can not be considered as substitutes. Orange can not be classed as a substitute for milk, neither can milk be considered as a substitute for the orange.

3. Milk and oranges should be designated as supplemental foods, in that the deficiencies of one are supplied by the other.

MORBIDITY.*

Diphtheria.

326 cases of diphtheria have been reported, as follows: Los Angeles 81, San Francisco 91, Oakland 27, Los Angeles County 28, San Fernando 5, Glendale 8, Sacramento 10, Richmond 7, Bakersfield 7, Redondo Beach 1, Santa Barbara 1, Santa Monica 1, Petaluma 2, Berkeley 5, Santa Paula 2, Stockton 3, Burlingame 3, Kingsburg 3, Los Gatos 2, Orange County 1, Long Beach 4, Alhambra 1, El Monte 3, Whittier 2, Alameda 2, Hayward 1, Fillmore 4, Santa Ana 2, Sutter County 1, Kern County 1, Fresno County 2, Sonora 1, Stanislaus County 2, Santa Barbara County 1, Imperial County 1, Tulare County 1, Modesto 1, San Benito County 1, Fresno 2, Pasadena 5.

Measles.

472 cases of measles have been reported, as follows: San Francisco 128, Los Angeles 19, Berkeley 28, Alameda 30, Los Angeles County 10, Oakland 15, Hanford 6, Visalia 6, Burbank 12, Mendocino County 7, Sisson 5, San Mateo 18, San Jose 5, Ontario 6, Eureka 9, Palo Alto 7, Riverside 5, Merced County 5, Humboldt County 5, Merced 13, Alhambra 2, Long Beach 2, San Fernando 1, Mill Valley 3, Butte County 1, Santa Cruz County 1, Pomona 4, Modesto 4, Redwood City 1, Stanislaus County 2, Piedmont 1, Redlands 1, Kern County 4, Sutter County 2, Chula Vista 1, Tulare County 3, Richmond 3, Colusa County 3, Colusa 1, Gilroy 1, Santa Cruz 1, Fresno County 3, San Benito County 3, Daly City 1, Glendale 1, Watsonville 1, Monterey County 4, San Joaquin County 1, Petaluma 1, Venice 2, Larkspur 2, Sacramento 4, Chico 3, Fresno 20, Pasadena 14, Willows 1, San Diego County 24, Oxnard 5, Elsinore 1.

Scarlet Fever.

343 cases of scarlet fever have been reported, as follows: Los Angeles 106, San Francisco 38, Los Angeles County 26, Fresno County 25, Oakland 16, Pomona 6, Glendale 5, Yolo County 6, Stanislaus County 5, Colusa County 5, Taft 7, Sanger 5, Long Beach 2, Barstow 2, Alhambra 2, Hawthorne 1, Huntington Park 1, Whittier 2, Berkeley 3, Alameda 3, Riverside 3, Tracy 1, Stockton 2, National City 1, Santa Barbara 2, San Bernardino County 2, Orange County 2, Selma 1, Porterville 1, Merced County 3, Red Bluff 3, San Mateo County 1, Coalinga 2, Ventura County 1, Ontario 2, Daly City 1, Chico 1, Richmond 1, Eldorado County 4, Napa 2, Piedmont 1, Kern County 4, Amador County 3, San Jose 2, Fresno 22, Pasadena 5, Petaluma 1, San Diego County 3.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Rialto 1, Los Angeles County 1, Napa County 1, California 1.

Smallpox.

344 cases of smallpox have been reported, as follows: Los Angeles 180, Los Angeles County 70, Long Beach 29, Compton 9, Pomona 13, Huntington Park 5, Santa Monica 11, Ontario 4, El Segundo 2, Redondo Beach 1, La Verne 1, Torrance 1, Orange County 2, Riverside 1, Inyo County 1, Sacramento 4, Santa Paula 1, Fillmore 1, Santa Clara 1, Pasadena 7.

*From reports received on January 21 and 22 for week ending January 19, 1924.

COMMUNICABLE DISEASE REPORTS.

	1923–1924				1922–1923			
	Week ending			Reports for week ending Jan. 19 received by Jan. 22	Week ending			Reports for week ending Jan. 20 received by Jan. 23
	Dec. 29	Jan. 5	Jan. 12		Dec. 30	Jan. 6	Jan. 13	
Anthrax	0	0	0	0	0	0	0	1
Cerebrospinal Meningitis	0	0	3	4	1	3	1	0
Chickenpox	113	223	463	313	82	167	151	58
Diphtheria	315	285	322	326	201	157	209	145
Dysentery (Bacillary)	1	0	0	0	7	0	0	0
Epidemic Encephalitis	0	5	2	5	3	0	4	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	90	108	78	134	61	127	165	54
Influenza	40	31	52	39	19	33	45	139
Leprosy	0	0	0	0	1	0	0	0
Malaria	6	0	1	2	2	1	3	0
Measles	450	432	618	472	32	63	62	87
Mumps	16	20	23	32	12	11	16	13
Pneumonia	101	94	139	112	229	75	90	125
Poliomyelitis	6	2	0	3	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	269	251	277	343	119	142	169	128
Smallpox	143	152	233	344	14	25	28	14
Syphilis	162	133	181	163	84	100	124	59
Tuberculosis	172	127	231	155	159	162	154	130
Typhoid Fever	8	5	13	4	11	9	13	14
Typhus Fever	0	0	0	1	0	0	0	0
Whooping Cough	10	28	51	40	52	85	123	102
Totals	1902	1896	2687	2492	1089	1160	1357	1083

30179 1-24 5M CALIFORNIA STATE PRINTING OFFICE
Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 51 FEBRUARY 2, 1924 GUY P. JONES EDITOR

Diphtheria, Measles and Scarlet Fever Show Increases.

One of the most outstanding features of the California morbidity summary for 1923 lies in the tremendous drop in the number of cases of influenza reported. Other diseases showing decreased prevalence in 1923 are malaria, mumps, pellagra, lobar pneumonia and typhoid fever. Most conspicuous among diseases showing increased prevalence in 1923 are measles, diphtheria, chickenpox, poliomyelitis, rabies in man and in animals, scarlet fever and whooping cough. Smallpox, tuberculosis and epidemic cerebrospinal meningitis remained about equal in prevalence during both years. The complete total follows:

California Annual Morbidity Summaries, 1922 and 1923.

Diseases	1922 Number Cases	1923 Number Cases
Anthrax in man	5	14
Chickenpox	5,390	7,928
Dengue	3	—
Diphtheria	8,711	9,519
Influenza	45,433	8,081
Malaria	215	196
Measles	1,048	26,881
Meningitis (epidemic cerebrospinal)	117	118
Mumps	2,506	1,014
Pellagra	32	42
Pneumonia (lobar)	5,514	4,223
Poliomyelitis (acute)	61	250
Rabies (in man)	4	11
Rabies (in animals)	517	1,015
Rocky Mountain Spotted Fever	4	3
Scarlet Fever	5,601	7,834
Smallpox	2,129	2,025
Tuberculosis (all forms)	8,208	8,485
Typhoid Fever	970	888
Typhus Fever	9	16
Whooping Cough	3,298	5,387

Immunity Against Measles is Established.

During the past year the New York State Department of Health has adopted the procedure of immunizing children, in institutions, against measles through the injection of blood serum from persons who are convalescent from the disease. New York City Department of Health has been following the same procedure, with favorable results, in the city's contagious disease hospitals. Immunization against measles by this method has been tried successfully in European countries and M. Roux, director of the Pasteur Institute in Paris is said to be enthusiastic over this method of preventing the disease. Several thousand children in Paris have been successfully immunized by means of blood serum from measles convalescents. The immunization is temporary, lasting, probably not more than three months.

New York City Health Department following the favorable results in contagious disease hospitals, has made the serum available for general use in young children who have been exposed to the disease. It has been proven that the serum is nearly always effective as a preventive if administered within four days of exposure to the disease. If the product is administered five or six days after exposure the development of the infection may be checked or at least the severity may be moderated. Since the supply of serum is necessarily limited, its distribution is restricted in New York City to children under three years of age, if less than seven days have

Digitized by Google

elapsed since they were exposed to a case of measles.

The blood used in the production of the serum is taken from healthy measles convalescents eight or more days after they develop a measles rash. The product is tested for purity and freedom from infection before it is made available for distribution. The importance of this new procedure can not be overlooked. Because of the fact that the source of the immunizing product is in healthy convalescents, it would seem that it may not be available at all times. The fact that the immunization is temporary is not wholly in its favor, but, if it can be used satisfactorily in very young children, among whom mortality from the disease and its complications is always high, it will become a definitely and permanently established procedure in all health departments. The additional fact that its use has been sanctioned and adopted by the health departments of both New York State and New York City proves that it is worthy of careful consideration by all health officers.

Films on Child Hygiene Available.

The Bureau of Child Hygiene of the California State Board of Health has the following one-reel motion picture films for distribution:

The Error of Omission, which deals with the subject of birth registration; The Baby's Bath and Toilet, which shows standard methods of caring for infants; Bringing It Home, which portrays the operation of an infant welfare station.

All of these films are suitable for showing before general and mixed audiences. Application for the use of any of these reels should be addressed to the Bureau of Child Hygiene, State Board of Health, 335 State Building, San Francisco.

The disease not seldom attacks the rich though it thrives most among the poor. But by reason of our common humanity we are all, whether rich or poor, more nearly related here than we are apt to think. The members of the great human family are bound together by a thousand ties of whose existence the world in general little dreams. And he that was never yet connected with his poorer neighbor by deeds of charity or love, may one day find, when it is too late, that he is connected with him by a bond which may bring them both to a common grave.

William Budd in "Typhoid Fever," London, 1873.

Death of Dr. Holt is Loss to World's Children.

Dr. L. Emmett Holt, who died in Pekin, China, January 14, 1924, will perhaps be longest remembered as the author of a book, "The Care and Feeding of Children," which, through twelve editions, has been for twenty-five years an authority in the homes, not only of the United States, but of South America and Europe, and in China and Japan, where it has been invaluable in medical missionary work.

Recognized as a physician of the highest rank and standards, his influence with his profession was invaluable in removing doubts concerning the value of popularizing health education. After the Child Health Organization program had grown up under his stimulating leadership, he enthusiastically joined with several directors of the American Child Hygiene Association, of which he had formerly been president, in bringing about an actual consolidation of these two great organizations in the American Child Health Association, and of which Dr. Holt served as First Vice-President from its beginning.

Dr. Holt was born March 4, 1855, at Webster, N. Y., was graduated from the University of Rochester in 1875, took his master's degree three years later, and, in 1880, was graduated from the College of Physicians and Surgeons of Columbia University. Later, when his work had brought him fame, he received the honorary degree of LL.D. from Rochester, and Sc.D. from Columbia and Brown Universities.

Dr. Holt's activities covered a wide field, but were devoted to a single interest. From 1890 to 1901, he was Professor of the Diseases of Children at New York Polyclinic, and from 1901, Clinical Professor in the Diseases of Children at the College of Physicians and Surgeons. At the time of his death, he was physician-in-chief at the Babies' Hospital, member of the Board of Directors and Secretary for the Rockefeller Institute for Medical Research, and Trustee, of the University of Rochester. He was a member of the Association of American Physicians, retiring president of the American Pediatric Society, and a trustee of the New York Academy of Medicine.

He conducted important research on infant metabolism and was the author of a number of pediatric papers. His book on "The Diseases of Infancy and Childhood" has been the standard text book in pediatrics in the medical schools of the country.

Though nearly seventy years old, he went to China in August, 1923, as special

Digitized by Google

lecturer at the Union Medical College in Pekin, an institution maintained by the Rockefeller Foundation. His death is a loss, not only to the nation, but to the world, whose children he made it his mission to save and serve.

Streptococcus Assumes a New Importance.

The Streptococcus, first described by Pasteur, and among the most commonly encountered of all organisms, is assuming a new importance in recent investigations into the causes of various communicable diseases, notably scarlet fever. This organism has always been recognized as a factor in secondary infections associated with scarlet fever, but until recently, although long under suspicion, it has not been regarded as a primary causative factor in the production of the disease. It would appear, however, that Chicago physicians, according to the Journal of the American Medical Association, have succeeded in producing experimental scarlet fever by injecting cultures of hemolytic streptococci in healthy human beings. These same physicians, according to the Journal have succeeded in developing a successful immunity reaction to scarlet fever. This reaction, together with the successful production of scarlet fever in human beings leads the Journal to express a justification of the hope that "the problem of the cause and nature of scarlet fever is about to be solved, and that a sound experimental basis is being laid for the production of a specific curative serum for scarlet fever as well as for protective inoculation."

Furthermore, it has been announced recently that the mortality from amoebic dysentery is not often caused by the primary infection, but by a septicaemia produced by a secondary streptococcus infection. The presence of this organism in various respiratory infections and the severe illness that always prevails wherever it is found leads to the inevitable conclusion that it is one of the most disastrous organisms with which we have to deal. It is believed that further research into the part that the streptococcus, in its many forms, plays in the various communicable diseases, will lead to discoveries that will mark great advances in the control of many diseases.

Ignorance which results in misery to one's fellows is not only a vice but a crime.

Victor C. Vaughn, M.D.

Only catastrophe can convince the mass of the people of the possibility of catastrophe.

H. G. Wells.

Public Lectures Given at U. C. Medical School.

The University of California Medical School is sponsoring a series of lectures upon health subjects. These lectures are given on Sunday afternoons at 2:15 in Toland Hall, University of California Hospital, Third and Parnassus Avenues, San Francisco. The general public is invited to attend. Dr. E. C. Fleischner and Dr. V. H. Podstata have already given the first two lectures of the series. Those remaining on the schedule are as follows:

Date, lecturer, and title of lecture:

February 3—Dr. Guy S. Millberry.
What Should the Public Expect in Modern Dentistry?

February 10—Dr. W. I. Terry.
What the Public Should Know About the Goiter.

February 17—Dr. S. H. Hurwitz.
What the Public Should Know About Asthma.

February 24—Dr. Howard H. Markel.
Modern Treatment of Diseases and Deformities of Bone and Joints. (Illustrated with lantern slides.)

March 2—Dr. Karl F. Meyer.
What Should the Layman Know About the Prevention or Treatment of Diseases by Vaccines, Serums, Antitoxins, etc?

March 9—Dr. Wm. J. Kerr.
Life Expectancy—What is Being Done to Prolong Human Life?

March 16—Dr. Mary E. Botsford.
The Development of Modern Anaesthesia.

March 23—Dr. Frank W. Lynch.
Prenatal Care (for women only).

March 30—Dr. Walter C. Alvarez.
Different Types of Indigestion and How They are Diagnosed. (Illustrated with lantern slides.)

April 6—Dr. E. W. Cleary.
The Care of Bone and Joint Injuries Under the California Workmen's Compensation Law.

April 13—Dr. A. R. Kilgore.
What is Being Done About Cancer? (Illustrated with moving pictures.)

April 20—Dr. Wm. P. Lucas.
Mind and Body Problems of the Growing School Child.

April 27—Dr. Geo. E. Ebright, President State Board of Health.
Contagious Diseases in California and the Problem of Their Prevention and Control.

MORBIDITY.*

Diphtheria.

311 cases of diphtheria have been reported, as follows: San Francisco 77, Los Angeles 96, Los Angeles County 17, Sacramento 6, Berkeley 7, Oakland 30, Fullerton 1, Pittsburg 3, Mendocino County 1, Kennett 2, Fillmore 3, San Bernardino County 2, Colton 1, Sutter Creek 1, Long Beach 4, Stanislaus County 1, Kern County 2, Santa Clara County 5, Pasadena 2, Fresno County 4, San Leandro 1, Whittier 4, Hermosa Beach 2, Hawthorne 1, El Monte 2, Alhambra 1, Santa Paula 2, Sonoma County 1, San Fernando 1, Richmond 2, Alameda 3, Petaluma 1, Livermore 1, Santa Barbara County 1, Tulare County 1, Burlingame 1, Bakersfield 2, Calexico 1, Salinas 1, San Jose 1, Turlock 1,

*From reports received on January 28 and 29 for week ending January 26.

Digitized by Google

Stockton 2, Redlands 3, San Gabriel 1, Pacific Grove 1, Ukiah 3, Oxnard 1, National City 1, Corona 1, San Bernardino 2.

Measles.

574 cases of measles have been reported, as follows: San Francisco 112, Los Angeles 67, Berkeley 43, Pasadena 15, San Mateo 22, Pittsburg 21, San Jose 8, Riverside 14, Eureka 6, Hanford 9, Merced 7, Merced County 20, Paso Robles 24, San Luis Obispo County 18, Alameda 14, Visalia 8, Napa County 5, Modesto 8, Marin County 4, Napa 6, Humboldt County 9, Fresno County 16, Bakersfield 5, Tulare County 8, Oakland 8, Santa Rosa 2, Lindsay 2, Kern County 2, Colusa County 3, Pomona 1, Sisson 3, Sonoma County 3, San Bernardino County 1, South Pasadena 2, Willows 3, Montebello 1, Santa Clara 1, Santa Clara County 2, Sausalito 1, Del Norte County 2, Redwood City 2, Calaveras County 4, San Luis Obispo 3, Morgan Hill 1, Oakdale 2, Sacramento 3, Petaluma 4, Mariposa County 1, Angels Camp 1, Taft 3, Monterey County 1, Stanislaus County 3, Santa Ana 1, Ukiah 1, Richmond 1, Hanford 12, Elsinore 3, Calexico 2, Palo Alto 1, Long Beach 3, Kennett 1, Ontario 5, Los Angeles County 4, Oxnard 1, Oceanside 3, San Bernardino 2.

Scarlet Fever.

315 cases of scarlet fever have been reported, as follows: Oakland 13, Los Angeles County 28, Los Angeles 88, San Francisco 58, Taft 14, Long Beach 5, Stanislaus County 5, Vallejo 10, Fresno County 5, Whittier 7, Santa Cruz County 3, Livermore 1, Visalia 2, Alameda 3, Sacramento 2, Santa Cruz 1, Eureka 1, Berkeley 2, Benicia 1, Pasadena 4, Fullerton 1, Alameda County 1, Orange County 2, Santa Ana 1, Ventura County 4, Riverside 2, Santa Barbara County 1, Colusa County 1, Elsinore 1, San Mateo 3, Napa 3, San Jose 1, Stockton 4, San Fernando 2, Torrance 1, San Joaquin County 1, Hermosa Beach 1, Vacaville 1, Modesto 1, Newman 1, Glendora 1, Hawthorne 1, Alhambra 1, Huntington Park 1, Pomona 1, Santa Paula 1, Merced County 1, Merced 1, Chico 1, Nevada County 1, San Bernardino County 1, San Luis Obispo County 1, South Pasadena 4, Parlier 1, Red Bluff 2, Yuba County 1, Escondido 2, Yolo County 1, Gridley 3, Ukiah 1, Corona 1, San Bernardino 1.

Whooping Cough.

22 cases of whooping cough have been reported, as follows: Stockton 5, Oakland 2, San Francisco 2, Los Angeles 4, Santa Ana 1, Pasadena 3, Eureka 1, Colusa County 1, Riverside 1, Long Beach 1, Sonoma County 1.

Typhoid Fever.

5 cases of typhoid fever have been reported, as follows: Whittier 1, Los Angeles 1, Sacramento 1, Long Beach 1, San Bernardino 1.

Smallpox.

314 cases of smallpox have been reported, as follows: Los Angeles 139, Los Angeles County 61, Long Beach 30, Compton 20, South Gate 5, El Segundo 5, Pomona 12, Chino 5, La Verne 4, Huntington Park 3, South Pasadena 1, Manhattan Beach 2, Alhambra 2, Covina 3, Hermosa Beach 1, Torrance 1, Redondo Beach 4, Santa Monica 3, Pasadena 3, Sacramento 1, Fullerton 1, Orange County 1, Riverside 4, San Francisco 1, Santa Paula 1, San Bernardino 1.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, as follows: Alameda County 1, Stockton 1, Butte County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported as follows: Los Angeles 1, Glenn County 1.

Epidemic Encephalitis.

5 cases of epidemic encephalitis have been reported, as follows: San Francisco 3, Los Angeles 1, Fort Bragg 1.

Epidemic Jaundice.

Los Angeles County reported one case of epidemic jaundice.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Jan. 26 received by Jan. 29	Week ending			Reports for week ending Jan. 27 received by Jan. 30
	Jan. 5	Jan. 12	Jan. 19		Jan. 6	Jan. 13	Jan. 20	
Anthrax	0	0	0	0	0	0	1	0
Cerebrospinal Meningitis	0	3	4	3	3	1	1	1
Chickenpox	223	463	342	309	167	151	172	122
Diphtheria	285	310	345	311	157	209	166	166
Dysentery (Bacillary)	0	0	0	1	0	0	0	2
Epidemic Encephalitis	5	2	5	5	0	4	4	9
Epidemic Jaundice	0	0	0	1	0	0	0	0
Gonorrhoea	108	78	140	71	127	165	57	99
Influenza	31	52	43	44	33	45	156	185
Leprosy	0	0	0	0	0	0	0	1
Malaria	0	1	2	0	1	3	0	1
Measles	432	618	564	574	63	62	110	110
Mumps	20	23	33	24	11	16	20	15
Pneumonia	94	139	120	93	75	90	83	92
Poliomyelitis	2	0	3	2	0	0	0	2
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	251	277	378	315	142	169	141	121
Smallpox	152	233	362	314	25	28	19	10
Syphilis	133	181	164	67	100	124	61	128
Tuberculosis	127	231	164	141	162	154	161	136
Typhoid Fever	5	13	11	5	9	13	15	10
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	28	51	44	22	85	123	118	59
Totals	1896	2675	2724	2302	1089	1160	1285	1259

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 52 FEBRUARY 9, 1924 GUY P. JONES EDITOR

Launch Section For Nurses in A. P. H. A.

After two years probation, the Public Health Nursing Section of the American Public Health Association was made permanent at the Boston annual meeting in October. While most nurses are already overburdened with organizations, it is felt that this affiliation is a privilege that should be accepted by all public health nurses in executive positions. The reason for this statement is found in two quotations from the December "Public Health Nurse." Miss Margaret Stack, chairman of this section, says: "The American Public Health Association differs from other health organizations not only in its membership, which includes doctors, health officers, bacteriologists, sanitary engineers, statisticians, nurses, health publicity workers, etc., but because it is endeavoring to become a professional group with the object of establishing a public health profession. As workers in the public health profession, nurses should be members of this association."

Miss Elizabeth Fox, in discussing the program of the Boston meeting, says: "That there should be questions of relationship between an old profession, such as medicine, and a young profession, such as public health nursing, is but natural. That this relationship needs analysis and exposition has been increasingly apparent. That it should be approached from the angle of the physician, the health officer and the public health nurse, since all these are concerned, is clearly in the interests of thoroughness and justice. Therefore it seemed particularly appropriate that this subject should be presented for discussion by the American Public Health Association which offers a common meeting ground for these three groups." It is just this need of an opportunity to talk things over that has led to much misunderstanding on the part of both professions in the past, and the keen interest displayed at this meeting bespeaks a future for this section that will be reflected in every public health nursing organization that participates. Nurses who are members of the association desiring transfers to the Public Health Nursing section may request a transfer from the general secretary. Those desiring membership should send their names and addresses to Mr. Homer N. Calver, General Secretary, American Public Health Association, 370 Seventh avenue, New York City.

Increased Registration of Nurses in 1923.

In 1922, nine hundred and seventy nurses received certificates as registered nurses from the Bureau of Registration of Nurses of the California State Board of Health. In 1923 there were 1968 nurses who were given certificates. Most of these nurses qualified for registration by passing examination successfully. In 1923, however, there was a considerable increase in the number of those who were registered through reciprocity.

Digitized by Google

Palo Alto Establishes Immunization Campaign.

There were but three cases of diphtheria in Palo Alto last year. This fact, however, did not hinder the city health department from launching a campaign for the immunization of children. It was recognized that the few cases of last year constitute no insurance against the occurrence of a large number of cases at some near future time. The full cooperation of the physicians was enlisted and they made only a nominal charge for the administration of the toxin antitoxin, which was supplied by the health department free of cost. Provision was made for families that were unable to bear the cost of the administration. In order to bring the matter to the attention of parents and guardians a circular letter was sent to them, delivered by the school children. For the benefit of health officers who are planning diphtheria immunization campaigns this circular letter is reproduced:

Palo Alto, California.

To the Parents or Guardian of Bearer:

The steady increase in the prevalence of diphtheria in California, together with a high mortality, prompts the following brief communication.

The usual control measures available to the health officer in combating diphtheria have been the quarantine of cases and the search for and isolation of healthy carriers of the diphtheria bacillus. The continued prevalence of the disease is due to the fact that many mild cases escape identification and to the fact that it is very hard to find and control carriers.

It is possible, however, to prevent diphtheria by immunizing children and others against this disease. This immunization is not the temporary protection afforded by antitoxin, but a more permanent protection, perhaps for life, by a serum called toxin antitoxin. The treatment is one of the most recent and spectacular advances that has been made in preventive medicine. It is not a vaccination, as in the case of smallpox, but a subcutaneous administration of a very small quantity of toxin antitoxin which gives little or no reaction and does not produce a sore on the arm as does smallpox vaccination.

Children between the ages of six months and eight years are most susceptible to diphtheria and should be taken to their family physician for the purpose of receiving such immunizing doses. Older children and adults who are susceptible to diphtheria, as determined by a Schick test, should also take the treatment. To encourage this procedure the Health Department will furnish to your physician, free of charge, the toxin antitoxin mixture necessary for the treatment.

In every community where this prophylactic measure against diphtheria has been adopted generally, diphtheria has ceased to exist absolutely and parents no longer have the fear of this dread infection hanging over them. It is possible for Palo Alto parents to enjoy this same security.

Palo Alto Health Department.

Woodrow Wilson For Sound Health Procedure.

The late Woodrow Wilson was always staunch in his support of scientific principles as applies to public health. An instance of this attitude is shown in the action taken by him, while Governor of New Jersey, in settling a local controversy concerning sewage disposal.

Not wishing to join in the Passaic Valley Sewerage District for financial reasons, the cities of Orange and East Orange and the town of Montclair, N. J., secured land in the neighboring towns of Bloomfield and Belleville, and proposed to dispose of their sewage there with Imhoff tanks and trickling filters. Thereupon Bloomfield and Belleville, backed by those who wished to see Orange, East Orange and Montclair forced into the Passaic trunk-sewer scheme, went to the legislature and secured a bill prohibiting any city or town from building sewage-disposal works in another municipality without first having obtained the consent of the authorities of such other municipality.

Governor Wilson vetoed this bill because he was convinced that it was based on a most unsafe and unscientific principle. The Governor pointed out that questions of sewage disposal should be settled not by neighborhood preferences and jealousies, but by the scientific rules of sanitary engineering, and not with reference to political divisions, but to the topography of the country. He asserted that the State Board of Health should be able to protect political divisions against any deleterious influences resulting from sewage disposal within their limits, and if its present powers are not sufficient they should be engaged to cover the case.

Failure to Report Brings Heavy Fine.

A physician was recently fined $600 in a Los Angeles County court for failure to report a case of smallpox. The conviction was based upon violation of a county ordinance which requires all physicians to report cases of communicable disease.

The real wealth of the nation does not consist in its money, in the value of its trade or in the extent of its dominion. These are valuable only as they help to maintain a population—and not only a part of it—of the right quality; men, women and children possessing bodily vigor, alert mind, firm character, courage and self control.

Sir Arthur Neusholme.

Digitized by Google

Well Known Child Hygiene Worker Dies.

Mrs. Ira Couch Wood, director of the Elizabeth McCormick Memorial Fund for the Promotion of Child Hygiene, died in Chicago, December 18, 1923. Mrs. Wood had been in California many times in the interest of her work. It was under her direction that the Elizabeth McCormick Memorial Fund became the pioneer organization in the development of nutritional work among undernourished children. Her interest in this phase of child hygiene was not confined to the extension of propaganda, but was devoted also to the promotion of research into the fundamental factors relating to nutrition and growth. Her passing constitutes a distinct loss to the development of child welfare in her own state and to the entire country, for her activities were nation wide.

Nurses Employed By Organizations Accredited.

The California State Board of Health has approved the applications of the following organizations for recognition as institutions which give to nurses, who have been in their employ for two consecutive years, the required public health training to accredit them for examination for public health nursing certificate:

Organization	Location
Baby Hospital	Oakland
Los Angeles Co. Health Dept.	Los Angeles
Good Cheer Club	San Jose

Diphtheria Found in Many Adults.

The health officer of Sacramento, Dr. George Joyce Hall, reports many cases of diphtheria occurring in adults. During the period, December 21, 1923, to January 23, 1924, there were 32 cases of diphtheria reported in Sacramento. Fourteen of these were in persons over 21 years of age. Among these there was one person 65 years old, one 60 years old, and one 43 years old.

New Child Hygiene Publication Ready.

The Bureau of Child Hygiene of the California State Board of Health has a new publication entitled "Care of the Baby," copies of which may be obtained from the Bureau, 335 State Building, San Francisco, Cal.

Immunization Against Diphtheria Is Extensive.

Many communities in California have started activities leading to the immunization of children against diphtheria. Richmond, Livermore, Palo Alto and Los Gatos are operating free diphtheria immunization clinics. San Francisco and Los Angeles are offering immunization in a number of clinics and hospitals. Many other California cities are planning campaigns for protecting the children of their respective communities against diphtheria.

Imperial Attacks Trachoma Problem.

The supervisors of Imperial County have appropriated $1,800, supplemented by appropriations of $500 each from the larger towns within the county, all of which will be used for the maintenance of eye clinics, the necessity for which has been demonstrated by investigations which reveal the presence of trachoma in many parts of the county.

Long Beach Proposes to Examine Food Handlers.

The health officer of Long Beach, Dr. G. E. McDonald, has requested the city council to enact an ordinance, similar to that in effect at Pasadena, by which the physical examination of all food handlers would be required. The proposed ordinance would require the annual examination of everyone in Long Beach who handles food offered for sale, and would include milk dealers, grocery clerks, peddlers, cooks, fruit stand attendants and many others.

MORBIDITY.*

Diphtheria.

315 cases of diphtheria have been reported, as follows: San Francisco 78, Oakland 29, Los Angeles 80, Glendale 14, Los Angeles County 14, Long Beach 5, Alameda 6, Richmond 7, Sacramento County 6, Huntington Park 2, San Joaquin County 4, Stanislaus County 1, Lake County 1, Merced County 3, Santa Cruz County 1, Brea 1, Imperial 1, Sutter Creek 3, San Leandro 1, Sonora 1, Santa Clara County 1, Santa Rosa 1, Yuba County 1, Bakersfield 3, Salinas 1, El Monte 4, Benicia 1, Hawthorne 3, San Jose 1, Sacramento 3, Marin County 1, Stockton 1, Cloverdale 1, Ventura County 1, Santa Barbara County 1, Alhambra 1, Kern County 4, Fresno County 4, Santa Maria 1, Santa Ana 1, Butte County 1, Tuolumne County 1, Petaluma 2, Hayward 1, Burbank 1, Burlingame 1, Berkeley 2, Porterville 1, Redondo Beach 1, San Gabriel 1, Whittier 1, Pasadena 2, Corona 1, National City 3, San Diego County 3.

*From reports received on February 4 and 5 for week ending February 2.

Digitized by Google

Measles.

722 cases of measles have been reported, as follows: San Francisco 118, Los Angeles 69, Berkeley 54, Alameda 36, Santa Cruz County 32, Eureka 32, Riverside 19, Burbank 20, Calexico 15, Merced County 18, San Jose 14, Hanford 27, Colusa County 6, Tulare County 7, Watts 6, Venice 5, San Luis Obispo 5, Yuba City 5, Amador County 5, Lindsay 6, Oakland 15, Ontario 9, Visalia 6, Glendora 7, Willows 26, Long Beach 3, Sutter County 3, Stanislaus County 1, Bakersfield 1, Imperial 3, Rialto 1, Santa Clara County 2, Santa Rosa 5, Manteca 1, Napa 1, Livingston 1, Kennett 2, Orange County 1, Kern County 1, Santa Monica 1, Lompoc 3, Lodi 1, Sacramento 4, Contra Costa County 1, Dinuba 1, Burlingame 1, Yuba City 2, El Monte 1, San Bernardino Cunty 1, Glendale 1, Kingsburg 1, Santa Barbara 1, Merced 3, Colusa 2, Visalia 1, Burbank 1, Sutter Creek 1, Fort Bragg 1, San Gabriel 2, Hercules 1, Taft 4, South Pasadena 3, Redwood City 1, Los Angeles County 4, San Luis Obispo County 2, Fresno Cunty 4, Petaluma 1, Solano Cunty 4, Hayward 1, Hollister 2, Alhambra 3, Kings County 1, Colma 1, Modesto 1, Pomona 5, Redondo Beach 1, South Gate 1, Sutter County 1, Pasadena 15, San Diego County 30, Walnut Creek 7, Oxnard 11.

Scarlet Fever.

244 cases of scarlet fever have been reported, as follows: San Francisco 53, Los Angeles County 37, Fresno County 17, Oakland 19, Vallejo 10, Stanislaus County 6, Berkeley 9, Compton 5, Alameda 2, Huntington Park 4, LaVerne 1, Hawthorne 2, Orange County 3, Woodland 1, Lindsay 1, South Pasadena 3, Holtville 2, Merced County 2, Pomona 4, San Joaquin County 1, Santa Cruz County 4, Ventura County 1, Taft 4, Riverside 1, Sacramento 2, Napa County 2, Madera County 1, Lodi 1, Long Beach 3, Manteca 1, Barstow Burbank 2, Bakersfield 1, Napa 3, Huntingt Beach 2, Fresno County 1, El Dorado Cou 4, Rialto 1, Brea 1, Covina 1, Sacrame County 2, Fowler 1, Kern County 1, Monte County 1, Livermore 1, Merced 2, San B nardino County 1, Oroville 1, Tulare Cou 2, Glendale 1, Santa Ana 1, Monrovia Whittier 5, Pasadena 3.

Whooping Cough.

26 cases of whooping cough have be reported, as follows: San Francisco 2, Eure 8, South Pasadena 2, Oakland 2, Santa Ana Glendale 2, Long Beach 4, Redlands 1, Sie Madre 1, Manteca 1, Shasta County 2.

Smallpox.

361 cases of smallpox have been reporte as follows: Los Angeles 136, Los Angel County 77, Long Beach 47, Compton Burbank 5, Fullerton 6, Orange County Culver City 1, Watts 2, Avalon 3, San Monica 3, Vernon 1, Manhattan Beach Hermosa Beach 2, El Segundo 4, Alhamb 2, Glendale 4, Huntington Park 3, Huntingt Beach 3, Lake County 1, Imperial 1, Redlan 1, Riverside 1, Chino 2, San Bernardi County 1, Alameda County 1, San Fra cisco 3, Pomona 8, Redondo Beach 1, S Gabriel 1, Monterey Park 1, South Gate Pasadena 9.

Typhoid Fever.

9 cases of typhoid fever have been reporte as follows: Oakland 1, Glendale 1, Sacr mento 1, Berkeley 1, San Francisco 1, L Angeles 3, Los Angeles County 1.

Epidemic Encephalitis.

Oakland reported 2 cases and Tulare Coun 1 case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Feb. 2 received by Feb. 5	Week ending			Report for wee ending Feb. 3 receive by Feb. 6
	Jan. 12	Jan. 19	Jan. 26		Jan. 13	Jan. 20	Jan. 27	
Anthrax	0	0	0	0	0	1	0	
Cerebrospinal Meningitis	3	4	3	0	1	1	1	
Chickenpox	463	342	350	273	151	172	150	12
Diphtheria	310	336	357	315	209	166	201	16
Dysentery (Bacillary)	0	0	1	0	0	0	2	
Epidemic Encephalitis	2	5	5	3	4	4	9	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	78	140	75	66	165	57	113	9
Influenza	52	43	50	42	45	156	185	17
Leprosy	0	0	0	0	0	0	1	
Malaria	1	2	0	5	3	0	1	
Measles	618	565	690	722	62	110	247	15
Mumps	23	33	24	34	16	20	18	1
Pneumonia	139	120	103	96	90	83	92	12
Poliomyelitis	0	3	2	0	0	0	2	
Rabies (Human)	0	0	0	0	0	0	0	
Scarlet Fever	277	378	364	244	169	141	151	13
Smallpox	233	363	320	361	28	19	10	1
Syphilis	181	164	89	53	124	61	134	11
Tuberculosis	231	164	155	123	154	161	149	18
Typhoid Fever	13	9	7	9	13	15	10	
Typhus Fever	0	0	0	0	0	0	0	
Whooping Cough	51	44	28	26	123	118	91	6
Totals	2675	2715	2621	2372	1160	1285	1567	139

30179 2-24 5M CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 1 FEBRUARY 16, 1924 GUY P. JONES EDITOR

PROGRESS IN TUBERCULOSIS CONTROL.

By EDYTHE TATE THOMPSON, Director, Bureau of Tuberculosis.

It is interesting to note that the counties operating subsidized hospitals generally throughout the state are recognizing the need for the development of children's departments.

Kern County is now operating a school of 17 pupils with a full-time teacher and is able occasionally to take children from one of the outside counties.

Santa Barbara has just completed an open air school building for the children who are now in the tuberculosis hospital. They are averaging nearly as many children as adults and plan as soon as possible to construct a separate building.

Los Angeles County has recently started condemnation proceedings to secure 160 acres of land adjoining Olive View. A separate sanatorium will be built here but the department will be under the direction of Olive View. The plans have been approved and building operations will begin very soon.

The Kings-Tulare Hospital at Springville is in the process of constructing a 75 bed building for children. This will have a large open air school in it.

San Francisco County, after years of delay, has decided on a site and expects to construct its hospital for active and preventorium cases on this site, and at some other point away from the hospital they anticipate constructing a children's camp for the state aid group of children who need summer vacations. Recommendations have been made to the Weimar group for a children's building and recently the director met with some of the grand jury at San Diego and urged that the Vauclain bequest be used for the construction of a children's building at some point away from San Diego. If this is done, a department will also be built for adults in the early stages of tuberculosis.

San Mateo County has called for bids for its new tuberculosis pavilion.

The new preventorium adjoining the Arroyo Sanatorium, which is being erected by the Alameda County Tuberculosis Association, is nearly ready for occupancy. It is the first of a group of buildings which will be used in the program of prevention in Alameda County.

The Pasadena Tuberculosis Committee, after many disappointments over the selection of sites for their preventorium, has secured ten acres of land overlooking the Arroyo Seco, in one of the most beautiful locations in Pasadena and will begin the construction of a $50,000 building. These buildings in addition to the excellent preventoria now being maintained by the San Mateo, Santa Clara and San Diego Tuberculosis Associations will do much towards the control of tuberculosis in this state ten years from now.

Every community in which these buildings have been located has benefited from the work done by these different groups. It is greatly to be

Digitized by Google

regretted that the bed capacity of the Shriners' Hospital is limited to fifty. The State Bureau of Tuberculosis is making every effort at present to secure the consent of some hospital in the state that will be willing to take surgical cases from other counties. The added capacity now in process of construction or about to be built is in the neighborhood of five hundred beds.

Merced County is building a new tuberculosis pavilion to be located at the Merced County Hospital for advanced cases so that they will not be obliged to be sent to Ahwahnee. The State Bureau of Tuberculosis is endeavoring to have Madera and Stanislaus counties use this building also for their own advanced cases.

When this is done, we shall have beds for advanced cases in nearly all of the counties, but these beds will be located in the centers of population and the hospitals in the mountains will be used for early cases.

Annual A. P. H. A. Meeting in Detroit.

The fifty-third annual meeting of the American Public Health Association will be held in Detroit during the week of October 20, 1924. A large number of California public health workers are making plans to attend.

In 1736 I lost one of my sons, a fine boy of 4 years, by smallpox taken in the common way. I long regretted him bitterly and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation on the supposition that they should never forgive themselves, if a child died under it, my example showing that the regret may be the same either way, and therefore that the safer should be chosen.—Benjamin Franklin (before the discovery of vaccination against smallpox).

Bringing Vaccination to the Corner Lot.

In several towns of Los Angeles County, where smallpox is unusually prevalent, health departments have erected tents on vacant lots, where vaccinations against smallpox are given without cost. Bringing vaccination directly to a thickly populated section of the city is successful, as has been demonstrated in the large numbers of persons who have been vaccinated in these temporary clinics. It is not uncommon to see a dozen people continually waiting in line for admission to the tent where vaccinations are performed.

Santa Ana Typhoid Outbreak Due to Contaminated Water.

A typhoid fever outbreak, the largest in the history of the State, involving 228 cases of the disease with 6 known deaths, is now subsiding in Santa Ana.

The State Board of Health, following intensive investigation, has traced the source of the outbreak to city sewage that became mixed with the city water supply. Immediately upon the discovery of the source of the epidemic a temporary purifying plant was put into operation upon the city water system, and every precaution was adopted to prevent any further spread of the disease. The specific source of the infection was in an old sewer, the presence of which was unknown, but which at intervals, following rain storms and possibly other unusual conditions, deposited large quantities of raw sewage directly into one of the wells that supplied water to the city. Immediately upon its discovery the well was destroyed so that it can never again constitute a source of supply.

Representatives of the State Board of Health began their investigations on the 28th of January. In cooperation with the City and County Health Officer, it was determined, from the nature of the outbreak, that it was due to a water-borne infection. The presence of the old and forgotten sewer, discharging its contents, intermittently, into the well, was not discovered until February 7th—a long and continued search being necessary before this hidden source of infection could be located.

It is believed, that few, if any, further cases will occur, although it will be necessary for strict control to be exercised over all cases of typhoid, in order that any possible carriers who may be discovered shall not be responsible for the development of secondary cases.

Mr. R. F. Goudey, Southern Division Engineer of the Bureau of Sanitary Engineering, discovered this sewer discharging its contents into the city water supply. Dr. C. H. Halliday, Epidemiologist, and Dr. Allen F. Gillihan, District Health Officer, conducted the investigation into this outbreak.

Smallpox Continues its High Incidence.

There have been 1431 cases of smallpox reported in California during the past four weeks. If the disease continues to be as prevalent as

Digitized by Google

it is at the present time we shall have, at the end of two weeks, as many cases reported in 1924 as were reported during all of 1923. There were 2025 cases reported during that year. The smallpox situation in California is dependent upon the status of general vaccination. Whenever there are few vaccinated individuals smallpox is more prevalent.

Summer Schools for Sanitarians.

The United States Public Health Service has announced that it has made arrangements with Columbia University, the University of California, the University of Michigan and the University of Iowa to conduct public health summer schools this year.

The faculties of these various summer schools will include many such leading specialists of the United States as Michael M. Davis (dispensary management), Robert H. Gault (criminal psychiatry), Emery Hayhurst (industrial hygiene), William J. Mayo (noncommunicable diseases), E. V. McCollum and H. C. Sherman (nutrition), William H. Park (laboratory methods), Earl B. Phelps and George C. Whipple (public health enginering), M. J. Rosenau and Victor C. Vaughan (epidemiology), Thomas W. Salmon (psychotherapy), John H. Stokes (syphilis), Philip Van Ingen (child hygiene), C. E. A. Winslow (public health administration), and Francis Carter Wood (cancer).

The periods which these summer schools will cover are as follows:

The University of Iowa, Iowa City, June 9 to July 18.

The University of California, Berkeley, June 23 to August 2.

The University of Michigan, Ann Arbor, June 23 to August 2.

Columbia University, New York City, July 7 to August 15.

Inquiries concerning these sessions, which are open to physicians and sanitarians, should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

Exhibitors Cooperate in Sanitation of Fair Grounds.

The sanitation of fair grounds is a matter of importance and the California State Board of Health, for several years, has been active in promoting the sanitation of such places. Regulations providing for minimum standards of sanitation for fair grounds have been enforced for several years. The California Exhibitors' Association, in a recent meeting held in San Francisco, took steps leading to cooperation with the State Board of Health in improving the sanitation of places where fairs and exhibitions are held, with special reference to the cleanliness and quality of foodstuffs and beverages sold at state and county fairs.

The general vaccination of the population rests primarily in the hands of the people themselves, and in the last analysis upon them rests the responsibility of keeping smallpox out of the state. Vaccination with a reliable virus, performed by proper methods, and the tiny wound cared for until healed, is without danger to health or life, causing at the most some discomfort for a few days, and not infrequently mild constitutional symptoms. It is a small price to pay for absolute protection against this justly dreaded disease. In their own interest and in the interest of their children, relatives and friends, the community in which they live, and the welfare of the state at large, I urge upon all unvaccinated persons in the state to be vaccinated at the earliest possible moment, and those who have not been vaccinated within seven years, or better still, 5 years, to have the vaccination repeated. If the revaccination does not take, there is every chance that the person is immune to smallpox. If it does take, the second vaccination was just as necessary for protection as was the first one.—Matthias Nicoll, Jr., Commissioner of Health, State of New York.

MORBIDITY.*

Diphtheria.

275 cases of diphtheria have been reported, as follows: Los Angeles 105, San Francisco 53, Los Angeles County 15, Oakland 15, Long Beach 5, Berkeley 9, Fresno County 6, Alameda 6, Kern County 5, Richmond 3, Santa Rosa 1, Orange County 1, Kennett 1, San Bernardino 3, Benicia 2, Alhambra 1, Glendale 2, Ventura County 1, Fullerton 1, South Pasadena 1, Modoc County 1, Visalia 1, Burbank 1, Sacramento 2, Marin County 1, Hermosa Beach 1, Sacramento County 3, Bakersfield 1, Madera 1, Whittier 2, Corona 3, Hayward 1, Ukiah 3, Stockton 4, Daly City 1, Alameda County 3, Redondo Beach 1, Santa Clara 1, Merced County 1, Santa Clara County 1, Salinas 1, Sonora 1, Vallejo 2, Hanford 1, Marysville 1.

Measles.

930 cases of measles have been reported, as follows: San Francisco 95, San Jose 30, Berkeley 65, Los Angeles County 20, Los Angeles 119, San Luis Obispo County 16, Eureka 30, Riverside 55, Oakland 18, Kings County 28, Stanislaus County 7, Merced County 30, Humboldt County 22, Modesto 20, Sutter County 7, Yuba City 5, Burbank 15, Fresno County 20, Napa 8, Visalia 14, Sacramento 17, Alameda 15, Willows 6, Tulare County 8, Merced 5, Hanford 11, Napa County 6, San Luis Obispo 6, San Diego County 8, Pomona 11, Corcoran 25,

*From reports received on February 11, 12 and 13, for week ending February 9.

181 cases of typhoid fever have been reported from Santa Ana which are to be charged on January records.

Digitized by Google

Pasadena 20, Ventura County 1, Glendale 1, Lemoore 1, Orange County 1, Fort Bragg 2, Monterey County 1, San Gabriel 1, Alameda 4, Lindsay 4, Colusa County 1, Whittier 1, Butte County 1, Yreka 2, Siskiyou County 2, Palo Alto 1, Imperial 1, Plumas County 2, Santa Clara County 3, Solano County 1, Richmond 1, Taft 5, Ontario 4, Colton 1, Mill Valley 1, Pittsburg 1, San Bernardino County 2, Santa Monica 1, Williams 1, Santa Rosa 2, Sonoma County 1, Elsinore 2, San Bernardino 4, Petaluma 1, Santa Ana 2, Oroville 1, Santa Clara 1, Walnut Creek 2, Montebello 2, Alameda County 4, Oceanside 3, Angels Camp 3, Daly City 1, Long Beach 4, Los Banos 4, South Pasadena 1, San Rafael 2, Riverside 1, Hanford 9, Willows 56, Plumas County 8, Larkspur 2, Calexico 3, Riverbank 1.

Scarlet Fever.

282 cases of scarlet fever have been reported, as follows: San Francisco 49, Fresno County 13, Oakland 18, Los Angeles 28, Taft 6, Burbank 7, Santa Clara County 6, Vallejo 9, Long Beach 5, Alameda 7, Kern County 9, Los Angeles 54, Whittier 4, Siskiyou County 1, Sacramento 3, Los Banos 2, Guadalupe 1, Sonoma County 2, Glendora 1, Covina 1, Riverside 1, Torrance 1, Daly City 1, Colton 1, Modesto 2, San Bernardino 3, Corona 1, Redlands 1, Tulare County 2, Santa Monica 1, Berkeley 4, La Verne 2, Orange County 3, San Jose 1, Napa County 1, Hawthorne 1, El Dorado County 1, Inyo County 1, Alhambra 1, Glendale 1, Stockton 3, San Bruno 1, San Joaquin County 4, Stanislaus County 1, Pittsburg 1, Pomona 3, San Luis Obispo County 3, Sutter County 1, San Rafael 3, Pasadena 3, Marysville 3.

Smallpox.

379 cases of smallpox have been reported, as follows: Los Angeles 118, Los Angeles County 74, Long Beach 50, Compton 5, Manhattan Beach 12, South Gate 5, Huntington Park 6, Redondo Beach 6, Pomona 14, Santa Monica 9, Orange County 12, Pasadena 24, Fullerton 8, Montebello 1, Covina 1, Alhambra 2, El Segundo 1, Hermosa 3, Burbank 4, Whittier 2, La Verne 3, Corona 1, San Bernardino 2, Madera County 1, Ventura County 1, Ontario 1, Oroville 2, Santa Barbara 1, Riverside 3, San Bernardino County 1, Kern County 1, Watts 5.

Typhoid Fever.

25 cases of typhoid fever have been reported, as follows: Los Angeles 9, Riverside 1, Merced County 1, San Joaquin County 3, Los Angeles County 2, Blythe 1, Long Beach 1, Orange County 1, Pasadena 1, Lemoore 1, Hawthorne 1, Whittier 1, San Francisco 2.

Whooping Cough.

57 cases of whooping cough have been reported, as follows: Los Angeles 14, Pasadena 5, Blythe 8, San Francisco 1, Pittsburg 1, San Joaquin County 4, Long Beach 1, Redding 1, Santa Clara County 1, Williams 2, Tulare County 1, Alhambra 1, Hermosa Beach 3, Glendale 2, San Bernardino 3, Santa Ana 3, Eureka 4, Berkeley 2.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

Poliomyelitis.

Los Angeles reported one case of poliomyelitis.

Encephalitis.

Four cases of epidemic encephalitis have been reported, as follows: Oakland 1, Los Angeles 2, San Francisco 1.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Feb. 9 received by Feb. 13	Week ending			Reports for week ending Feb. 10 received by Feb. 13
	Jan. 19	Jan. 26	Feb. 2		Jan. 20	Jan. 27	Feb. 3	
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal Meningitis	4	3	0	1	1	1	6	1
Chickenpox	342	349	443	462	172	150	168	166
Diphtheria	337	357	346	275	166	201	183	143
Dysentery (Bacillary)	0	1	0	3	0	2	1	1
Epidemic Encephalitis	5	5	5	4	4	9	3	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	140	75	68	113	57	113	102	183
Influenza	43	50	49	63	156	185	277	598
Leprosy	0	0	0	0	0	1	0	1
Malaria	2	0	5	0	0	1	3	2
Measles	565	690	948	930	110	247	255	220
Mumps	33	24	47	39	20	18	18	10
Pneumonia	120	103	104	84	83	92	100	114
Poliomyelitis	3	2	1	1	0	2	1	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	375	364	360	282	141	151	151	137
Smallpox	363	320	374	379	19	10	15	21
Syphilis	164	69	56	176	61	134	120	206
Tuberculosis	164	155	202	191	161	149	185	166
Typhoid Fever	9	7	12	25	15	10	9	9
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	44	28	53	57	118	91	103	94
Totals	2713	2602	3073	3085	1285	1567	1700	2094

30179 2-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 2 FEBRUARY 23, 1924 GUY P. JONES EDITOR

Health Officers Urge Public to Cooperate.

Several California health officers have, during the past few weeks, made direct appeals to the people of their respective communities for cooperation in the control of communicable diseases.

Dr. G. L. Long, health officer of Fresno County, in presenting his monthly report to the board of supervisors, said: "The greatest difficulty in controlling the spread of any contagion is the indifference of some people as to their responsibility. When persons send their children to school, broken out with any kind of an eruption, without being first advised by some competent authority as to whether or not it is contagious, they are committing an act against society which is at least morally wrong if not legally so, and should not be condoned by anyone."

At about the same time, Dr. C. C. Owen, health officer of San Bernardino, appealed to parents to aid the local health department in the enforcement of quarantine laws. He stated that he believed the increased prevalence of communicable diseases in his community was due to the action of parents who attempted to avoid quarantine. Dr. Owen said that people who fear quarantine, generally, do not realize that in many diseases the entire house is not placed under quarantine; that in many diseases, the room in which the patient lies constitutes the whole quarantine area, and that quarantine is maintained only for the public good.

It is certain that if health regulations were always willingly complied with, there would be a greater tendency for making the requirements as lenient as possible under the circumstances. Laws have to be made more stringent in order that the majority of people, who consider the rights of others, shall be safeguarded properly against the minority who do not cooperate in the enforcement of health regulations. The development of a higher regard for the safety of others will go far in reducing the prevalence of communicable diseases and in making communicable disease regulations less stringent.

More Cities Inaugurate Diphtheria Immunization.

Three more California cities are conducting campaigns for the immunization of children against diphtheria. Hayward, Alameda and Pleasanton are providing for the administration of toxin-antitoxin to the children residing in their respective communities.

Cities in the vicinity of San Francisco Bay are especially active in securing the immunization of children against diphtheria. Other cities are carrying on such programs, however, Glendale having started work along these lines early in the month.

At the rate with which immunization against this disease is progressing, there will soon be many thousands of children in California who are protected against diphtheria.

Digitized by Google

...ease ...
...ease ...

...ease ...
...ease ...

...ease ...
...ease ...

Wants More Truth and Less Belief.

The Fresno *Republican*, in an editorial published recently, expresses the general demand for more facts relating to the control of communicable diseases. The editorial reads as follows:

No duty of the state to the individual is more peremptory than the duty of protecting the individual's health from contamination from the ill health of his neighbor. It is parallel to the right of police protection against crime and much more definite than the right of freedom from the allurements of vice. That ill health spreads has been known since the dawn of history. But the means by which it spreads and the proper measures to check the spread are still too vaguely known, in regard to most illnesses.

Whatever may be the facts about the vaccination treatment for smallpox and other diseases, not only should the laws for health protection be specifically carried out, and the authority of health boards be vigorously exerted, but those who are qualified to be expert observers should be ever vigilant to confirm and complete their knowledge. There has been manifest a tendency on the part of physicians to rely upon the "dogma" of medical knowledge, and too little care to humanize and generalize their knowledge for the benefit of their public. Physicians of the body, like physicians of the soul, have expressed too great a confidence in their "authority" instead of recognizing their duty continually to impart their experiences and the conclusions therefrom to their patrons.

If we are to have, because of public indifference to the practice of vaccination, a revival of smallpox in this state, this should do something more than strengthen the indignation of those who believe in universal vaccination and embitter those who oppose vaccination. It should result in more definite knowledge regarding the operation of [illegible] and the success of vaccination with it. There should be exact qualified observance of [illegible] of every previous [illegible].

We should be guided [illegible] want to know the truth, not to be intent upon confirming [illegible] held beliefs.

If you have health you probably will be happy, and if you have health and happiness you have all the wealth you need, even though you have not all you want.—Elbert Hubbard.

Three Persons Made Blind by Smallpox.

Three residents of Pomona are said to have been made permanently blind, each of them in one eye, as result of smallpox. It is unusual for pustules to form in the cornea. According to Schamberg, but one case of this sort was observed in nine thousand cases of smallpox investigated. The formation of scar tissue on the cornea results in blindness of this type, which is generally permanent.

The health officer of Pomona, Dr. E. F. Fontaine, is conducting an active campaign for the control of smallpox in his territory. More than a thousand individuals have been vaccinated, and it would appear that the outbreak in Pomona has been checked effectively.

"The man with a concealed weapon is dangerous, but the man with an uncovered cough is deadly."

"A strong healthy body is a foe to colds as well as other forms of disease."—J. Mace Andress.

Parents and educators need a greater appreciation of the fact that children expend a vast amount of energy and strength in the process of growing. The importance of quiet, restful sleep during infancy can not be overemphasized. The nervous system must be carefully guided against over-stimulation. Such care should commence early in infancy and continue throughout childhood.—Dr. Frances H. MacCarthy.

MORBIDITY.*

Diphtheria

[illegible]

Smallpox Fever

[illegible]

Digitized by Google

Diphtheria Control in San Joaquin County.

A child residing in the southern part of San Joaquin County died of diphtheria during the last week of January. This was the first death from this disease to occur in the county since March of 1923.

Dr. J. J. Sippy, health officer of the San Joaquin district, which includes all of the urban and rural territory of San Joaquin County, called the attention of the people in his district to the fact that diphtheria is preventable and that no child should be permitted to die of this disease. In his public statement, Dr. Sippy said:

"With our modern knowledge of prevention and treatment, deaths from this disease seem inexcusable. When they do occur, they are almost always due to neglect, neglect either in securing prompt medical attendance or in failure of the medical attendant to make a prompt diagnosis. in other words, the chief cause is ignorance on the part of some one in failing to realize that every case of sore throat or tonsilitis is subject to a suspicion of diphtheria, and in which the suspicion can not be removed except by laboratory investigation of throat swab and culture. Parents should take no chances with any sore throat. They should call a doctor immediately and insist upon laboratory diagnosis. They should also insist upon diphtheria antitoxin in ample doses, for which it may not be absolutely necessary in every case, it can do no harm and it is better to be safe than sorry.

But why wait for children to have diphtheria? They can be made immune to diphtheria by toxin-antitoxin administered in three doses a week apart. These do not make the child sick nor does it harm in any way. The health office will administer it free of charge and every child from six months to ten years at least should have it.

Don't delay, for while the health department is doing its best to isolate every known or suspicious case or carrier, this death illustrates that it can not detect all of them and parents must recognize their own responsibility in giving children every protection possible."

There is one point in which all men might be born free and equal. That is in regard to health. If a child has clean blood, a good brain, and a mother who knows how to care for herself and for him, he is equal to any other child on the face of the earth.—Roosevelt.

Take Steps Now to Prevent Botulism.

The recent deaths of twelve person residing in Oregon, due to botulism con tracted by eating home-canned strin beans, emphasizes the importance o issuing another warning against the us of lax methods in packing and servin home-canned foods.

Investigations made by Dr. K. F Meyer, acting director of the Hoope Foundation for Medical Research, Uni versity of California, and Consultin Bacteriologist for the California Stat Board of Health, indicate that the cold pack method of home canning is ofte responsible for fatal cases of botulism It is also a conspicuous fact that mos cases of botulism have developed afte eating string beans, asparagus, corn an spinach, vegetables which are commonl used cold, just as they come from th can, served in the form of salads Home-canned vegetables should neve be used without boiling. Spoilage ca not always be determined by the appear ance or odor of the canned product.

The home canning of fruits and vege tables will not start for several months but it would be advantageous for healt officers to issue early warnings agains the improper home canning and use o such products.

Gold that buys health can never be il spent.—Webster.

Typhoid Carrier is Found on Dairy.

The presence of three cases of typhoi fever occurring on the same milk rout in Tulare County, led to the discover of a typhoid carrier conducting th dairy where the milk was produced This man gave a history of having suf fered from typhoid fever about twenty five years ago. His two daughters con tracted the disease about ten years ago At the time of the recent appearance o typhoid on this milk route the fathe and two daughters were doing all of th work connected with the dairy.

Examinations made in the State Hygienic Laboratory proved that th daughters were not carriers. The fathe was proved to be a carrier, however Upon learning of his status as a carrier he immediately took steps to close ou the dairy, and is now engaged in a busi ness which does not require the handlin of food intended for public consumption

Digitized by Google

Wants More Truth and Less Belief.

The Fresno *Republican,* in an editorial published recently, expresses the general demand for more facts relating to the control of communicable diseases. The editorial reads as follows:

No duty of the state to the individual is more peremptory than the duty of protecting the individual's health from contamination from the ill health of his neighbor. It is parallel to the right of police protection against crime and much more definite than the right of freedom from the allurements of vice. That ill health spreads has been known since the dawn of history. But the means by which it spreads and the proper measures to check the spread are still too vaguely known, in regard to most illnesses.

Whatever may be the facts about the vaccination treatment for smallpox and other diseases, not only should the laws for health protection be specifically carried out, and the authority of health boards be vigorously exerted, but those who are qualified to be expert observers should be ever vigilant to confirm and complete their knowledge. There has been manifest a tendency on the part of physicians to rely upon the "dogma" of medical knowledge, and too little care to humanize and generalize their knowledge for the benefit of their public. Physicians of the body, like physicians of the soul, have expressed too great a confidence in their "authority" instead of recognizing their duty continually to impart their experiences and the conclusions therefrom to their patrons.

If we are to have, because of public indifference to the practice of vaccination, a revival of smallpox in this state, this should do something more than strengthen the indignation of those who believe in universal vaccination and embitter those who oppose vaccination. It should result in more definite knowledge regarding the operations of disease and the success of various interferences with it. There should be expert and qualified observance of disease, by men of every previous prejudice of mind.

We should be guided by men who want to know the truth, not by men intent upon confirming their previously held beliefs.

If you have health you probably will be happy, and if you have health and happiness, you have all the wealth you need, even if it is not all you want.—Elbert Hubbard.

Three Persons Made Blind by Smallpox.

Three residents of Pomona are said to have been made permanently blind, each of them in one eye, as result of smallpox. It is unusual for pustules to form in the cornea. According to Schamberg, but one case of this sort was observed in nine thousand cases of smallpox investigated. The formation of scar tissue on the cornea results in blindness of this type, which is generally permanent.

The health officer of Pomona, Dr. E. F. Fontaine, is conducting an active campaign for the control of smallpox in his territory. More than a thousand individuals have been vaccinated, and it would appear that the outbreak in Pomona has been checked effectively.

"The man with a concealed weapon is dangerous, but the man with an uncovered cough is deadly."

"A strong healthy body is a foe to colds as well as other forms of disease."—J. Mace Andress.

Parents and educators need a greater appreciation of the fact that children expend a vast amount of energy and strength in the process of growing. The importance of quiet, restful sleep during infancy can not be overemphasized. The nervous system must be carefully guided against over-stimulation. Such care should commence early in infancy and continue throughout childhood.—Dr. Frances H. MacCarthy.

MORBIDITY.*

Diphtheria.

196 cases of diphtheria have been reported, as follows: San Francisco 64, Oakland 25, Los Angeles County 16, Long Beach 8, National City 5, Berkeley 10, Sacramento 8, Richmond 7, Alameda 7, Turlock 5, Oxnard 1, Palo Alto 2, Riverside 1, Alameda County 1, Burlingame 1, Stockton 1, Tracy 1, Merced County 1, Modesto 3, Fresno County 2, Whittier 1, San Fernando 1, Redondo Beach 1, Santa Barbara County 1, Exeter 1, Glendale 2, Sanger 1, Fresno 2, Ventura County 1, Hawthorne 1, Hermosa 1, Santa Ana 2, Santa Barbara 1, Santa Paula 2, Ukiah 1, Corona 1, Kern County 1, Redwood City 2, Alturas 1, Covina 1, Stanislaus County 2.

Scarlet Fever.

180 cases of scarlet fever have been reported, as follows: San Francisco 35, Los Angeles County 26, Kern County 18, Oakland 7, Fresno 8, Long Beach 5, Barstow 5, Pomona 8, Fresno County 8, Lassen County 5, Taft 5, Napa County 5, Burlingame 3, Siskiyou County 3, Alameda 1, Whittier 3, Sacramento 2, Vallejo 2, Lodi 1, Tracy 2, San Joaquin County 1, Stockton 2, Kern County 1, Tulare County 1, Visalia 1, Glendale 2, Sanger 1, El Dorado County 1, Ventura County 1, Santa Ana 1, Santa Barbara 1, Napa 3, National City 2, Marysville 1, Burbank 2, Orange

*From reports received on February 18th and 19th for week ending February 16th.

Digitized by Google

County 4, Riverside 1, Chico 1, Stanislaus County 1.

Measles.

592 cases of measles have been reported, as follows: San Francisco 94, Berkeley 64, Riverside 58, Los Angeles County 31, Alameda 26, Kennett 7, Oakland 15, Imperial 7, Fresno 13, Angels Camp 9, San Luis Obispo 6, Glendora 7, Long Beach 7, Burbank 16, Eureka 14, Barstow 5, Oxnard 7, Yuba City 17, Yreka 5, Pomona 7, Fresno County 13, Modesto 11, Sacramento 16, Merced County 7, Tracy 5, Lindsay 16, Merced 8, Tulare County 7, Visalia 5, Siskiyou County 12, Burlingame 3, Del Norte County 1, Napa County 4, Bakersfield 4, Alameda County 1, Manteca 5, Lake County 3, Lemoore 1, Taft 4, Colusa 2, Vallejo 1, Lassen County 1, Solano County 1, San Fernando 2, Newport Beach 1, Willows 2, Daly City 1, Santa Clara County 4, Patterson 2, Plumas County 1, Sutter County 1, Palo Alto 1, Ontario 4, Orange County 1, Morgan Hill 1, South San Francisco 1, Madera 1, Lompoc 3, Napa 4, Butte County 1, Santa Ana 2, Santa Barbara 1, Ventura County 1, Monrovia 1, Fullerton 1, Turlock 2, Glendale 1, Humboldt County 2, Stanislaus County 3, Marin County 1.

Whooping Cough.

26 cases of whooping cough have been reported, as follows: Los Angeles County 5, San Francisco 1, Fillmore 2, Long Beach 1, Berkeley 2, Alameda County 3, Tulare County 4, San Joaquin County 4, Fresno County 1, Williams 2, Oakland 1.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Santa Ana 1, Los Angeles County 2, San Francisco 1, Redlands 1, Orange County 2, Oakland 1, California 1.

Smallpox.

164 cases of smallpox have been reported, as follows: Los Angeles 72, Long Beach 36, Huntington Park 6, Santa Monica 5, National City 7, Pomona 7, Colton 3, Ventura County 1, Hermosa Beach 2, El Segundo 2, San Francisco 1, Avalon 4, Burbank 1, Santa Paula 1, Orange County 3, Ontario 1, Riverside 1, Whittier 1, Torrance 1, South Gate 2, Redondo Beach 1, Siskiyou County 2, Imperial 1, Fullerton 3.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: Santa Barbara 1, Modesto 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Stockton 1.

Poliomyelitis.

Crescent City reported 1 case of poliomyelitis.

A total of 259 cases of typhoid fever have been reported from Santa Ana exclusive of those which have been included in our weekly morbidity tables this year. These cases have been entered on our January records.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Feb. 16 received by Feb. 19	Week ending			Reports for week ending Feb. 17 received by Feb. 20
	Jan. 26	Feb. 2	Feb. 9		Jan. 27	Feb. 3	Feb. 10	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	0	1	2	1	6	1	2
Chickenpox	349	443	497	256	150	168	189	175
Diphtheria	357	346	304	196	201	183	171	139
Dysentery (Bacillary)	1	0	3	0	2	1	1	1
Epidemic Encephalitis	5	5	4	2	9	3	3	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	75	68	117	65	113	102	202	65
Influenza	50	49	63	23	185	277	663	821
Leprosy	0	0	0	0	1	0	1	1
Malaria	0	5	0	1	1	3	2	1
Measles	690	947	1054	592	247	255	322	269
Mumps	24	47	39	40	18	18	11	21
Pneumonia	103	104	90	56	92	100	114	105
Poliomyelitis	2	1	1	1	2	1	1	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	364	360	308	180	151	151	193	173
Smallpox	320	374	395	164	10	15	21	11
Syphilis	69	56	178	59	134	120	214	75
Tuberculosis	155	202	201	112	149	185	188	123
Typhoid Fever	7	12	25	9	10	9	10	4
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	28	53	61	26	91	103	130	84
Totals	2602	3072	3341	1784	1567	1700	2437	2070

CALIFORNIA STATE PRINTING OFFICE

O

30179 2-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 3 MARCH 1, 1924 GUY P. JONES EDITOR

Humans Seldom Contract Foot and Mouth Disease.

Foot and mouth disease, an acute and highly contagious disease which occurs chiefly in cloven-footed animals, has made its appearance among dairy cattle and hogs in several counties of central California. The standard methods of control, which consist of cattle quarantine, destruction and burial of affected herds, as well as continued and careful search for cases, are being rigidly applied by the state and federal divisions of animal industry.

For the benefit of health officers who desire information concerning the possibility of human beings contracting the disease, it may be said that they are not frequently infected. The disease may be contracted by children who drink raw milk from cows afflicted with foot and mouth disease. There is slight danger of children contracting the disease from this source, however, as most of the milk consumed in California is pasteurized, with the exception of certified milk and Grade A raw milk, both of which should be safe as they are produced under strict supervision. The disease in man is generally very mild, recovery taking place spontaneously. The symptoms are fever, vomiting, painful swallowing, sensation of heat and dryness of the mouth, followed by an eruption of vesicles distributed over the lips, mouth and tongue. There also may be headache, pain in the back, vertigo, colic, diarrhea and weakness.

Dogs, cats, sheep and goats are said to be infected occasionally, but the horse appears to be nonsusceptible. The disease is primarily a disease of cattle. There have been five outbreaks of the disease in the United States prior to the present epidemic. All of them have been completely exterminated by the animal industry authorities.

Challenges Cities to Equal Mortality Record.

A southern city of 40,000 inhabitants has issued the following challenge to the cities of the world:

We challenge any city where records of deaths are kept to equal our record for deaths among the residents under 15 years of age. Not a death, white or colored, from fevers; not a white, and only two colored deaths from children's epidemic diseases, and only one white and three colored deaths from all other epidemic diseases; not a white or colored death from pulmonary tuberculosis, and only four white and thirteen colored deaths from diarrhea and dysentery.

This challenge is interesting, for it indicates an appreciation of favorable mortality data in the promotion of community development. However, the city's mortality statistics show a very high mortality rate for nonresidents, almost 40 per cent of all deaths last year occurring among persons who did not reside there. Before accepting the challenge it might be well to learn how long one must live in this city in order to acquire the status of a resident.

Digitized by Google

Ordinance for Regulation of Automobile Camps.

Many requests for copies of local ordinances which provide for the regulation of automobile camps have been received. To fulfil this demand the following draft of such an ordinance, based upon the Los Angeles automobile camp ordinance, has been prepared:

FORM OF ORDINANCE FOR REGULATION OF AUTOMOBILE CAMPS.

Section 1. For the purpose of this Ordinance the term "Public Camp" is defined to be any place, area or tract of land upon which are located two or more camping parties, all camping parties located on said area or tract of land having a common use of any part thereof, or any convenience thereon. A camping party is defined to be a person, or two or more persons together, using at the same time a tent, automobile, or automobile camping outfit, a camp wagon, or such other camping facilities for living or sleeping purposes.

Sec. 2. It shall be unlawful for any person, firm or corporation to establish, maintain, operate, conduct or carry on, or to cause or permit to be established, maintained, operated, conducted or carried on in the city or county of ————, any public camp unless under and by authority of a written permit from the health officer of said city or county permitting the establishment, maintenance, operation, conducting or carrying on of such public camp, issued by said health officer upon the written application of any person for himself or on behalf of any corporation or association of persons. Said health officer may consider any facts or evidence bearing on the sanitary conditions surrounding the area or tract of land upon which said proposed public camp is to be located. Said health officer is hereby further empowered to ascertain that the operation or maintenance of any public camp will in no way jeopardize the public health, and for this purpose may make additional rules and regulations bearing on the sanitary conditions of such public camp. When said health officer shall issue any permit under the terms of this section, the same may be revoked at any time thereafter by said health officer if said health officer becomes satisfied that the maintenance of said public camp is a menace to the public health for any reason.

Sec. 3. It shall be unlawful for any person, firm or corporation to establish, maintain, conduct or carry on any public camp, unless there shall be at all times posted in a conspicuous place upon said area or tract of land upon which said public camp is located, a permit obtained from the health officer of said city, in accordance with the provisions of section 2 of this ordinance.

Sec. 4. It shall be unlawful for any person, firm or corporation to maintain, conduct or carry on, or to cause or permit to be maintained, conducted or carried on any public camp, unless said public camp shall be provided at all times with a resident caretaker whose duty it shall be to enforce all rules and regulations and to see that no law or ordinance is violated by any person camping thereon. It shall be the duty of said manager or caretaker to keep a record of all camping parties, which said register shall specify the date of arrival of said camping party, the full name and permanent address of each person in said camping party; and in the event said camping party is traveling by means of an automobile, said register shall further specify the name of the owner of said automobile, the city and state in which said owner is a , the make of said automobile, the which said automobile is registered, the number of the license thereof, and year of its issuance. Said register sha all times be open for inspection to all officers of the city or county or to the h officer of said city, or to any of his dep

Sec. 5. The following rules and regula shall be applicable to every public can ground as defined by this ordinance; an shall be unlawful for any person, firm or poration maintaining, operating, condu or carrying on any such public camp to late, or cause or permit to be violated, an said rules or regulations.

Supervision.

1. The management of every public cam picnic ground shall assume responsibility maintaining in good repair all sanitary a ances on said ground, and shall pron bring such action as may be necessary prosecute or eject from such ground any son who wilfully or maliciously damages appliances or any person who in any way to comply with these regulations.

2. At least one caretaker shall be empl by the management to visit said camp or pi ground every day that campers or picnic occupy said ground. Such caretaker shall whatever may be necessary to keep ground and its equipment in a clean and tary condition.

3. Each and every owner and lessee of public camp or picnic ground shall be responsible for full compliance with t regulations.

4. Supervision and equipment sufficient prevent littering of the ground with rubb garbage or other refuse shall be provided maintained. Fly-tight depositories for s materials shall be provided and conspicuo located. Each and every camp or picnic on said ground shall be within a distance not over 200 feet from such a deposit These depositories shall not be permitted become foul smelling or unsightly or breed places for flies.

Camping Space.

5. Each camping party shall be allot usable space of not less than 350 square f

Water Supply.

Sec. 6. A water supply of sanitary qua shall be provided in ample quantity to m all requirements of the maximum number persons using such ground at any time. S water supply shall be easily obtainable fr its source or on a pipe distribution syste faucets from which shall be located not m than 300 feet from any camp or picnic s within such ground. If water supply is tained direct from above-ground source, s source must be covered properly and wa withdrawn by means of open pipe or fauc In no case can dipping from open springs permitted.

Sec. 7. Any water in the vicinity of su ground, which may be unsafe for human c sumption, to which campers or picnickers m have access, shall be either eliminated purified, or shall be kept posted with placa definitely warning persons against its use.

Protection Against Fires.

Sec. 8. No fires shall at any time be located as to endanger automobiles or oth property in the camp ground. No fires sh be left unattended at any time, and all fi shall be completely extinguished before leavi

Sewage and Refuse Disposal.

Sec. 9. The method of final sewage refuse disposal utilized in connection wi the operation of any camp or picnic grou shall be such as to create no nuisance.

Sec. 10. Fly-tight privies or water-flush toilets shall be provided and shall be ma

Digitized by Google

tained in a clean and sanitary condition. Separate toilets for men and women shall be provided one for each 25 men and one for each 25 women or fraction thereof of the maximum number of persons occupying such ground at any time. No camp or picnic spot within such ground shall be at a greater distance than 400 feet from both a men's and a women's toilet. The location of all toilets shall be plainly indicated by signs. Toilet buildings shall at all times be lighted properly and from sunset to sunrise proper lights shall be kept burning.

Sec. 11. A sufficient number of iron hoppers or basins shall be provided, and each shall be connected with a sewerage system or covered cesspool; these are to be used for the disposal of domestic waste waters.

Dogs.

Dogs shall be tied up and at no time be permitted to run at large in any public camp.

Construction and Maintenance of Buildings.

Sec. 12. If cottages, cabins, dwelling houses or other buildings to be used for human habitation are erected in any public camping ground, the following minimum requirements for their construction shall be observed:

(NOTE.—In addition to observing these requirements, all local building ordinances must be complied with.)

1. All floors shall be raised at least 18 inches above the ground and space underneath shall be kept free from obstruction.
2. All floors shall be constructed of tongue and groove material.
3. Interior walls shall be of surfaced lumber or other material that may easily be kept clean and shall be constructed so that they may always be kept in a thoroughly clean condition.
4. No room used for sleeping purposes shall have less than 500 cubic feet of air space for each occupant.
5. The area of window space in each sleeping room shall be equal to at least one-eighth of the floor area of the room.
6. Windows of sleeping rooms shall be so constructed that at least half of each window can be opened.
7. Cooking shall not be permitted in any sleeping room.
8. If kitchen is provided, it must be equipped with running water and a sink connected with a sewerage system, septic tank or a covered cesspool. Kitchen must be screened against flies and mosquitoes.
9. If private toilet is provided it must be water-flushed and connected with a sewerage system or septic tank. Room containing such toilet must have window opening to the outside air and its floor must be constructed of impervious material.
10. If bathroom is provided it must have an impervious floor and must have window opening to outside air. Bath and lavatory must be connected with sewerage system, septic tank or cesspool.
11. Covered metal garbage containers must be provided; at least one for every two buildings.
12. Buildings shall be cleaned daily and after each occupancy shall be thoroughly cleaned. If bedding is provided it must be kept in a clean condition.

Penalties.

Sec. 13. Failure to comply with the foregoing regulations shall be deemed sufficient cause for declaring the premises a public nuisance under the provisions of section 370 of the Penal Code of California.

Sec. 14. These regulations shall be printed and kept posted in several conspicuous places in every camp or picnic ground.

Thousands are Being Vaccinated Against Smallpox.

Dr. J. L. Pomeroy, health officer of Los Angeles County, reports that fifteen thousand vaccinations against smallpox were performed in that county during February. The Los Angeles City Health Department reports that an average of five hundred vaccinations are performed daily by that department. In addition to the vaccination clinic in the city health department's headquarters, three vaccination stations are operating in other parts of the city.

There is such a thing as physical morality and the preservation of health should be considered a sacred duty. Persons who treat their bodies as they please and transgress rules of personal hygiene, of which they should have a definite understanding, are physical sinners. They are not only committing a crime against themselves, but often against their dependents and future generations.—W. L. Pyle.

Another Typhoid Carrier Discovered.

A Mexican girl, nineteen years old, came to California last August, taking up her residence in Los Angeles. She became employed recently in a Pasadena family and six days after starting work there her employer's baby became ill. It was found that the child had typhoid and a search for the source was begun. Investigation of the Mexican girl, undertaken by Dr. F. W. Hodgdon, health officer of Pasadena, determined her to be a typhoid carrier. She has been placed under supervision so that she may not infect other persons.

MORBIDITY.*

Diphtheria.

184 cases of diphtheria have been reported, as follows: San Francisco 56, Los Angeles 61, Berkeley 6, Los Angeles County 5, Sacramento 5, Richmond 6, El Monte 3, Redondo 2, Tulare County 1, Burbank 1, Ventura County 1, Eureka 2, Ukiah 2, San Joaquin County 2, Albany 3, Tuolumne County 1, Kings County 1, Glendale 3, Napa County 2, Santa Ana 1, Pittsburg 1, Corte Madera 1, Alameda 4, Riverside 2, Alhambra 1, Long Beach 3, Inyo County 1, Santa Rosa 1, San Gabriel 1, Kern County 2, Mill Valley 1, Mendocino County 2.

Scarlet Fever.

152 cases of scarlet fever have been reported, as follows: San Francisco 28, Riverside 9, Compton 6, Berkeley 8, Kern County 6, Fresno County 9, Vallejo 6, Los Angeles County 12, Tracy 2, San Joaquin County 2, Holtville 2, Hawthorne 1, San Anselmo 2, Glendale 1, San Leandro 2, Grass Valley 1, Barstow 2, Fowler 1, Ventura County 2, San Bernardino County 2, Stanislaus County 1, Santa Barbara County 1, Chico 1, San Mateo

*From reports received on February 25th and 26th for week ending February 23d.

Digitized by Google

County 2, Monterey County 1, Stockton 4, Compton 2, Tulare County 1, Lodi 1, Burbank 3, Richmond 1, San Luis Obispo County 2, Red Bluff 1, Alameda 2, Hollister 1, Alhambra 2, Hanford 4, Santa Monica 1, Taft 4, Santa Clara County 1, Alameda County 1, Napa County 1, Arcadia 1, Ukiah 5, Santa Barbara 3, Monterey Park 1.

Measles.

829 cases of measles have been reported, as follows: San Francisco 113, Riverside 122, Berkeley 49, Glendale 36, Merced County 19, Kern County 33, Colusa 13, Napa 21, San Bernardino County 6, Tracy 8, Hanford 17, Lemoore 13, Barstow 11, Long Beach 6, Los Angeles County 38, Santa Maria 5, Burbank 19, Plumas County 18, Visalia 14, Willows 19, Kings County 18, Angels Camp 17, Albany 5, Hollister 12, Merced 6, Sacramento 14, Fresno County 15, San Joaquin County 9, San Luis Obispo 5, Eureka 8, Paso Robles 5, Calexico 12, Alameda 13, San Luis Obispo County 12, Lindsay 6, Santa Clara County 9, Napa County 3, Santa Ana 2, Ontario 2, Beverly Hills 1, Montebello 6, Pittsburg 2, Fullerton 3, Marin County 1, Livingston 5, Lincoln 1, Monrovia 1, Madera 1, Colusa County 4, Elsinore 1, Humboldt County 1, Richmond 1, Stanislaus County 3, Oakdale 2, Bakersfield 2, Alhambra 1, Tulare County 1, Alameda County 4, Santa Monica 1, Taft 1, Santa Rosa 2, Monterey County 1, Ventura County 1, Holtville 1, Chico 1, Yuba City 3, Sutter County 1, Marin County 1, Monterey Park 22.

Smallpox.

346 cases of smallpox have been reported, as follows: Los Angeles 145, Long Beach 45, Compton 37, Los Angeles County 35, Santa Monica 6, Alhambra 5, Huntington Park 7, Orange County 15, National City 7, San Diego County 6, Fullerton 11, El Segundo 3, Hermosa Beach 2, Tulare County 1, Burbank 4, Vernon 1, Ontario 4, Montebello 1, Torrance 1, Riverside 1, San Francisco 3, Monterey Park 6.

Typhoid Fever.

23 cases of typhoid fever have been reported, as follows: Santa Ana 12, Porterville 1, Sacramento 1, Glendale 1, Sacramento County 1, Orange County 1, Los Angeles 3, Chico 1, San Joaquin County 1, Willows 1.

Whooping Cough.

144 cases of whooping cough have been reported, as follows: Blythe 100, Long Beach 5, Los Angeles 8, San Francisco 3, Kern County 3, Alameda County 1, Stockton 1, Alhambra 4, Contra Costa County 2, San Joaquin County 3, Los Angeles County 6, Paso Robles 2, Santa Ana 3, Berkeley 3.

Cerebrospinal Meningitis.

San Francisco reported 1 case of cerebrospinal meningitis and San Mateo County reported one case of this disease.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Berkeley 1, Los Angeles County 1, San Joaquin County 1.

Poliomyelitis.

Cresent City reported two cases of poliomyelitis.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Feb. 23 received by Feb. 26	Week ending			Reports for week ending Feb. 24 received by Feb. 27
	Feb. 2	Feb. 9	Feb. 16		Feb. 3	Feb. 10	Feb. 17	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	1	3	2	6	1	2	3
Chickenpox	443	497	482	397	168	189	207	203
Diphtheria	346	280	292	184	183	171	164	156
Dysentery (Bacillary)	2	3	1	1	1	1	1	0
Epidemic Encephalitis	5	4	2	3	3	3	1	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	68	117	173	49	102	202	69	64
Influenza	49	63	36	19	277	663	1073	1777
Leprosy	0	0	0	0	0	1	1	0
Malaria	5	0	1	1	3	2	1	2
Measles	947	1054	986	829	255	322	396	315
Mumps	47	39	55	28	18	11	24	11
Pneumonia	104	90	83	45	100	114	105	136
Poliomyelitis	1	1	1	2	1	1	0	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	360	310	283	152	151	193	195	184
Smallpox	374	395	296	346	15	21	11	18
Syphilis	56	178	178	35	120	214	74	85
Tuberculosis	202	201	228	94	185	188	129	129
Typhoid Fever	12	27	22	23	9	10	5	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	53	61	38	144	103	130	103	81
Totals	3074	3321	3160	2354	1700	2437	2561	3168

CALIFORNIA STATE PRINTING OFFICE

30179 3-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 4 MARCH 8, 1924 GUY P. JONES EDITOR

Public Health Nurses' Examination Will be Held May 10, 1924.

An examination for certificate as public health nurse will be held by the State Board of Health on Saturday, May 10, 1924, at 9 a. m. This examination will be held in the San Francisco office of the State Board of Health, in the State Building, Civic Center, and in the Los Angeles office of the board, 821 Pacific Finance Building. Application blanks for this examination may be obtained by writing to the State Board of Health. Applications must be filed before April 15, 1924.

An applicant for examination for certificate as public health nurse shall be:

1. Registered nurse under the laws of California.
2. Shall have completed a public health nursing course of from four to eight months in a school approved by the California State Board of Health, or
3. Shall have completed at least a semester (four months) of post graduate work in social service, including theory and practical work, or
4. Shall present evidence of having engaged in general public health nursing for at least two years in connection with a public health organization approved by the California State Board of Health.
5. All applications for examination as public health nurse shall be filed in the office of the California State Board of Health and shall be passed on by a committee of the board.
6. Upon examination, credit of 5 per cent will be given to applicants who have completed a four months' course in public health nursing, and 10 per cent to applicants who have completed an eight months' course in public health nursing.

San Francisco Medical Milk Commission Issues Bulletin.

The Milk Commission of San Francisco County Medical Society has started the publication of a monthly bulletin which will give information regularly concerning the production of certified milk for San Francisco.

There are at the present time one thousand cows in the dairies which supply certified milk under the supervision of the San Francisco Medical Milk Commission. About thirty-five hundred quarts of this milk is sold daily in San Francisco. Certified milk is also distributed in Marin, San Mateo and Santa Clara counties. The bacteriological, veterinary and chemical examinations of certified milk samples are carried on by the Department of Agriculture of the University of California. Dr. Karl F. Meyer serves the commission as consulting expert. In the absence of Dr. Clain Geleston and Dr. Herbert Yerrington, Dr. Harold K. Faber, of the Stanford University Medical School, and Dr. William Palmer Lucas, of the University of California Medical School, have been added to the commission. Dr. Morton Gibbons, Dr. Adelaide Brown and Dr. E. C. Fleischner are the other three members.

Digitized by Google

Health Objectives for Next Twenty Years.

The late Dr. Hermann M. Biggs, for many years Health Commissioner of the New York State Department of Health, shortly before his death gave an address on "Practical Objectives in Health Work During the Next Twenty Years." This was Dr. Biggs' last public speech and it reflects his remarkable vision as well as his soundness of judgment. The summary of this address, in which he outlined some of the most important health objectives, follows:

1. Establishing the custom of obtaining periodic physical examinations of every individual made by competent physicians.

2. Provision of systematic instruction in elementary physiology and hygiene and in health habits in the primary and secondary schools, and more extensive instruction in the normal schools and universities.

3. Further reduction in the death rate from the common infective diseases, such as tuberculosis, diphtheria, typhoid fever, scarlet fever, diarrheal diseases of infancy, etc.

4. Postponement of the age at which death occurs from the cardiovascular diseases and the other diseases of later life, through physical examination and instructions as to methods for retarding or arresting their progress.

5. Continued efforts, through research, to solve the problems connected with the causation and prevention of the acute respiratory diseases and cancer.

6. Continued efforts to prevent and cure certain diseases of nutrition and metabolism, such as diabetes, scurvy, rachitis, and gout.

7. The prevention by education and law enforcement of new infections in the venereal diseases, and provision for more adequate treatment of syphilis.

8. The extension of the educational work of the public health authorities as a most effective means to promote the preservation of health and the prevention of disease.

9. Better and more extensive organization of the prenatal, maternity, and infant work, and the care of the preschool child.

10. The extension of the work in mental hygiene and oral hygiene, including ample facilities for treatment.

11. The efficient development and extension of medical school inspection, and its follow-up with the provision of adequate facilities for the treatment of the diseases and defects found in school children.

Better Sanitation in County Fair Grounds.

Outstanding improvements in sanitary equipment and general sanitation have been made in a number of the county fair grounds in California.

Ventura County, at great expense, has recently installed a large number of water-flush toilets, which are well scattered over the fair grounds. Buildings have been improved, and every available facility for taking proper care of wastes is now provided. Monterey County is spending $50,000 in improving the county fair grounds at Salinas. A large part of this sum is being spent for new sanitary equipment. Shasta County is laying out new fair grounds at Anderson. These new grounds will be well provided with all necessary sanitary conveniences. In all of these grounds, especial attention will be paid to the proper screening of food and drink dispensing places. Foodstuffs will be screened against flies, and proper facilities for disposal of kitchen and other wastes will be installed.

University Gives Course in Scientific Motherhood.

The Extension Division of the University of California is giving a course in scientific motherhood, prenatal and infant care. This course of study is popular and a large number of women are following it under university direction.

Los Angeles Produces High Grade Certified Milk.

The Milk Commission of the Los Angeles County Medical Society has issued its report for 1923. The commission is certifying to the milk produced by fifteen hundred and thirty-one cows in four dairies.

Several goat dairies have applied to the commission for certification, but owing to the fact that goats may be tuberculous, and owing, also, to the difficulty at the present time in keeping goat dairies under supervision, the certification of such dairies has been delayed. The commission reports, however, that it is desirous of having all available information concerning the management of goat dairies, and solicits full information of this sort from physicians.

The certified milk produced in Los Angeles is of a high grade and has received numerous high awards in certified milk contests held in various cities of the United States.

Digitized by Google

Slaughterhouses Must Apply for Permits.

Fresno County has adopted an ordinance which requires that permits must be obtained from the county health officer to operate any slaughterhouse, reduction works, fertilizer plant, or other place where the business of slaughtering animals is carried on. The ordinance provides for an annual license fee of $10. It requires that permits shall be issued only to those places where the state and county ordinances are complied with.

San Luis Obispo Guards Against Smallpox.

Smallpox has not appeared so far this year in San Luis Obispo. In order to insure against its appearance, the county health officer, Dr. Lucius F. Badger, in cooperation with the superintendent of schools, A. H. Mabley, has arranged for opening a free vaccination clinic. This procedure is made necessary because of the unusual prevalance of smallpox in the southern part of the state, and if the protection offered is taken advantage of, San Luis Obispo will profit greatly, because the appearance of smallpox in a well vaccinated community is impossible.

The physician can perhaps make his greatest contribution to a child health program when the public is educated to the need of having children examined regularly once, or better twice, a year, even in the absence of symptoms of disease. Many mothers bring their babies to the physician regularly for inspection and health advice, and school children receive at least a certain amount of attention. But in the ages between, very little is done, with the result that large numbers of children enter school at the age of 6 with various defects, many far advanced. The public does more in this kind of prevention dentally than medically, which indicates what can be accomplished by the proper sort of education.

The truth is that the public has the fear of medical examination which is born of ignorance. This ignorance can be overcome by education, and when it is overcome the physician will be free to make the contribution to health which is now within his powers. The place to overcome it is largely in the schools, where the coming generation is being given its ideas and ideals, and this is to my mind one of the great services to the commonwealth which health can perform.—Harold K. Faber, M.D., Stanford University School of Medicine, San Francisco.

In nothing do men more nearly approach the gods than in giving health to men.—Cicero.

A man too busy to take care of his health is like a mechanic too busy to take care of his tools.—Cicero.

Many Health Centers Established in State.

The Bureau of Child Hygiene of the California State Board of Health is acting as a general clearing house of information concerning activities of the one hundred and twenty-seven health centers now operating in California. The Bureau receives reports regularly from these centers, and will be able at the end of the year to issue a report giving a full summary of the amount of work carried on by these institutions.

There are, at the present time, four hundred and seventy-one known public health nurses working in California. Public health nurses are employed in every county of the state, with the exception of the following: Alpine, Amador, El Dorado, Glenn, Inyo, Lake, Lassen, Mariposa, Mono, Nevada and Sierra.

Get health. No labor, effort nor exercise that can gain it must be grudged.—R. W. Emerson.

MORBIDITY.*

Diphtheria.

271 cases of diphtheria have been reported, as follows: San Francisco 70, Los Angeles 55, Oakland 18, Long Beach 10, Los Angeles County 16, Glendale 8, Sacramento 10, San Jose 5, Alameda 4, Santa Barbara County 1, Santa Paula 2, South San Francisco 1, Hayward 1, San Joaquin County 1, Stockton 3, Riverside 4, Stanislaus County 1, Berkeley 3, Santa Clara County 1, Pomona 2, Redondo Beach 1, Whittier 3, LaVerne 1, Rialto 4, Contra Costa County 1, Alameda County 1, El Monte 4, San Benito County 1, Richmond 3, Corona 1, Orange County 1, Tuolumne County 1, Redlands 1, Bakersfield 4, Napa County 2, Needles 2, National City 1, Merced 2, Fresno County 1, Sacramento County 2, Torrance 1, Selma 1, Palo Alto 2, Merced County 1, Santa Maria 1, San Mateo County 2, San Bruno 1, Anaheim 1, San Bernardino 1, San Diego 7.

Scarlet Fever.

275 cases of scarlet fever have been reported, as follows: San Francisco 48, Los Angeles 75, Fresno County 23, Oakland 11, Los Angeles County 17, Compton 5, San Joaquin County 7, Watsonville 5, Pasadena 10, Berkeley 2, Santa Cruz County 1, Vallejo 3, LaVerne 1, Pomona 1, Riverside 3, Kern County 3, Yuba County 1, Huntington Park 3, Stanislaus County 1, Modesto 1, Sacramento 1, Fowler 3, Alameda 3, Santa Barbara 3, Chico 3, Glendora 1, Corona 3, Long Beach 1, Burbank 2, Orange County 1, Whittier 3, Santa Ana 1, Bakersfield 2, El Cerrito 1, Stockton 1, Woodland 1, Hanford 2, El Dorado County 2, Sacramento County 3, Tracy 2, Merced County 1, Merced 1, Yuba City 2, La Mesa 1, Colusa 1, Taft 2, Anaheim 2, San Bernardino 1, Woodland 1, San Jose 1, San Diego 2.

*From reports received on March 3d and 4th for week ending March 1st.

Measles.

1502 cases of measles have been reported, as follows: San Francisco 117, Los Angeles County 96, Los Angeles 237, Berkeley 72, Riverside 149, Point Arena 19, Needles 53, Oakland 34, Glendora 28, Long Beach 24, Calaveras County 25, Montebello 11, Angels Camp 7, Kings County 15, Livingston 5, Kennett 12, Santa Clara County 12, San Joaquin County 9, Pomona 10, Sutter County 8, Sacramento 18, Corcoran 22, Burbank 10, Fresno County 19, Bakersfield 8, Taft 7, Napa County 6, Calexico 11, Colusa County 9, Colusa 10, Hanford 20, Napa 5, Glendale 35, Merced County 11, Siskiyou County 22, Modesto 8, San Bernardino 6, Pasadena 73, San Jose 74, San Benito County 3, Santa Cruz 1, Lindsay 4, South Pasadena 1, Chico 3, Santa Barbara 1, Oroville 2, Alameda 3, Patterson 1, Manteca 4, Tracy 3, Humboldt County 1, Lemoore 4, Yreka 2, Compton 1, Yuba City 2, Madera County 1, Alameda County 1, Dinuba 2, Kern County 1, Stockton 1, Redlands 1, Corona 4, Eureka 3, San Fernando 2, Lincoln 1, San Gabriel 1, Whittier 1, Contra Costa County 5, Susanville 1, Merced 4, Fowler 3, Sacramento County 1, San Leandro 2, Del Norte County 1, Torrance 1, Alhambra 1, Watsonville 1, Anaheim 1, Tulare County 4, Visalia 4, Santa Maria 3, San Luis Obispo 17, Walnut Creek 8, Healdsburg 2, San Diego 71.

Smallpox.

332 cases of smallpox have been reported, as follows: Los Angeles 115, Los Angeles County 68, Long Beach 47, Pomona 17, Hermosa Beach 9, Huntington Park 6, National City 6, Compton 8, Santa Monica 5, Orange County 6, San Bernardino 9, Pasadena 9, Riverside 1, San Francisco 3, Hawthorne 1, Alhambra 3, Rialto 2, Whittier 1, Burbank 1, El Segundo 1, La Verne 1, Taft 4, El Dorado County 1, Selma 1, South Pasadena 1, Avalon 4, San Diego 2.

Typhoid Fever.

28 cases of typhoid fever have been reported, as follows: Santa Ana 17, Berkeley 3, Los Angeles 3, Whittier 1, Los Angeles County 1, Livermore 1, Anaheim 1, San Bernardino 1.

Whooping Cough.

50 cases of whooping cough have been reported, as follows: Long Beach 8, Los Angeles 8, Los Angeles County 2, Berkeley 3, San Joaquin County 1, Pomona 3, Redondo 1, Hermosa Beach 3, Alameda County 2, Vacaville 1, Fresno County 1, Palo Alto 1, Santa Monica 1, Colusa 1, Lindsay 1, Contra Costa County 1, Porterville 1, Oakland 1, San Mateo 1, Pasadena 8, San Diego 1.

Cerebrospinal Meningitis.

5 cases of cerebrospinal meningitis have been reported, as follows: Long Beach 1, San Francisco 1, Dinuba 1, Stockton 1, Pasadena 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Francisco 2, Los Angeles 1.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Mar. 1 received by Mar. 4	Week ending			Reports for week ending Mar. 3 received by Mar. 6
	Feb. 9	Feb. 16	Feb. 23		Feb. 10	Feb. 17	Feb. 24	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	3	3	5	1	2	3	3
Chickenpox	497	483	464	642	189	207	239	189
Diphtheria	280	292	242	271	171	164	170	83
Dysentery (Bacillary)	3	1	1	3	1	1	0	0
Epidemic Encephalitis	4	2	3	3	3	1	4	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	117	173	75	103	202	69	68	59
Influenza	63	36	25	48	663	1073	1264	675
Leprosy	0	0	1	0	1	1	0	1
Malaria	0	1	2	1	2	1	2	1
Measles	1054	986	1367	1502	322	396	489	208
Mumps	39	55	39	80	11	24	11	16
Pneumonia	90	83	61	72	114	105	136	108
Poliomyelitis	1	1	2	0	1	0	1	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	310	283	294	275	193	195	214	115
Smallpox	395	295	384	332	21	11	20	22
Syphilis	178	178	106	121	214	74	76	26
Tuberculosis	201	228	169	194	188	129	154	66
Typhoid Fever	27	22	33	28	10	5	5	2
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	61	38	155	50	130	103	116	58
Totals	3321	3160	3426	3730	2437	2561	2972	1633

CALIFORNIA STATE PRINTING OFFICE.

75 3-24 3600

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 5 MARCH 15, 1924 GUY P. JONES EDITOR

Palo Alto Makes Another Health Record.

The Palo Alto Health Department, Louis Olsen, city health officer, has issued its annual report for the calendar year 1923.

The report shows that the death rate in Palo Alto from preventable causes was 1.8 for the year 1923, which is the lowest mark that has been reached since 1917. Children absent from Palo Alto schools for more than two days are required to obtain a permit from the health officer before returning. This regulation is effective in the control of communicable diseases. There were but three cases of diphtheria in Palo Alto during the year. In spite of the low incidence of diphtheria a plan for carrying on diphtheria immunization is being undertaken.

An interesting statement in the report is that out of 75 deaths 20 were in persons over 80 years of age. Thirty-two, or 42.7 per cent of the deaths, were in persons over 70 years of age.

The appropriation for the Palo Alto Health Department during the fiscal year, July 1, 1923, to June 30, 1924, was $8,180. This represents a per capita expenditure of $1.14 for public health. The per capita expenditure for fire protection during the same period was $1.81. Police protection was $2.96 per capita. The staff of the Palo Alto Health Department consists of the health officer, dairy inspector, nurse, stenographer and a part-time bacteriologist. Another inspector has been added to this staff to make general sanitary inspections.

Mr. Olsen, in the final paragraph of his report, recognizes the commendable support of the citizens of Palo Alto in the maintenance of its health department, which gives Palo Alto a reputation as one of the most healthful cities in California. Mr. Olsen's statement reads as follows:

"It is a recognized fact that a city gets just the degree of public health that it is willing to pay for. That the council of the city of Palo Alto desires adequate health protection for its citizens is evidenced by the fact that the necessary appropriations are made each year and that whenever it has been shown that an expenditure is necessary the funds have always been forthcoming."

Japanese Immunized Against Typhoid Fever.

Several hundred Japanese living in the San Joaquin Delta region, where typhoid fever has been exceptionally prevalent, have been given immunization against typhoid. The cooperation with land workers and health officials is excellent. The Japanese are assisting willingly in the work, practically every Japanese visited having started the immunization. Since the Japanese constitute more than three-fourths of the population in the delta region, the program is sure to be effective. Circulars and newspapers printed in the Japanese language have been effective in the campaign.

Digitized by Google

Issues Report on Sanitary Drinking Fountains.

The American Water Works Association recently appointed a committee on sanitary drinking fountains, which has recently issued its report. It has been recognized for several years that in many of the so-called sanitary drinking fountains, little attention has been paid to the sanitary features of such devices. Many types of fountains are potentially dangerous in the transmission of infectious diseases, and may be just as dangerous from a public health point of view as the forbidden common drinking cup.

The report of the Iowa section of the American Water Works Association, covering an investigation into sanitary drinking fountains, represents the best type of recommendations that have been made in this matter, according to the committee. The conclusions of the Iowa section are as follows:

"1. All types of drinking fountains with vertical jets are to be condemned.
2. Most types of drinking fountains with slanting jets are to be condemned.
3. To be sanitary, drinking fountains should conform to the following specifications:
   (*a*) The jets shall be slanting.
   (*b*) The orifices of the jets shall be protected in such a manner that they can not be touched by fingers or lips, or be contaminated by droppings from the mouth, or by splashings from basins beneath the orifices.
   (*c*) The guards of the orifices shall be so made that infectious material from the mouth can not be deposited upon them.
   (*d*) All fountains shall be so designed that their proper use is self-evident."

The general committee of the American Water Works Association, as a result of their study of sanitary drinking fountains, made the following conclusions and recommendations:

"Conclusions.

1. Infections may be transmitted from one person to another from sanitary drinking fountains of the bubbling type with underdraining reservoir, or fountains that permit the mouth or hands to come in contact with the surface of the jet.
2. The manufacturers of sanitary fountains as a body do not realize the sanitary significance of the apparatus.
3. Laws on the statute books of many states are not enforced.

Recommendations.

1. The Association should adopt the specifications for sanitary drinking fountains recommended by the Iowa Section, October 23, 1919.
2. All sanitary drinking fountains installed in public places should be of the standard design as set forth herein, or of such a design as to fulfill the sanitary requirements made necessary by the improved type.
3. Legislative regulations in all states, where these are not now in force, should specify the type of sanitary fountain to be permitted.
4. Copies of this report should be sent to technical papers, having a circulation among manufacturers of drinking fountains, requesting that the report be published in full.
5. There should be stricter supervision by health authorities of the type of sanitary fountains installed in new buildings and condemnation of the types considered insanitary."

People Are Interested in Life Not in Death.

At a meeting of the advisory council of the Milbank Memorial Fund, held in New York City, Dr. Haven Emerson, professor of public health administration of the Columbia University, made an interesting statement concerning the public interest in health. He said:

"We in the medical profession are nowadays getting far enough away from disease to think in terms of the preponderating group of healthy persons and to bend our efforts to make life consciously, instead of accidentally, successful for them. It is not death rates, but health rates, that we are concerned with. Nobody is really interested in death rates; people are interested in life. We can influence mothers with our education because they are interested in the life of their children. We can interest children because they are intensely interested themselves in whatever happens to their own careers. We can teach the sick when they are sick, we can teach communities when they have contagious diseases, but the average healthy person is not interested in health as long as he has it.

I believe we should estimate the results of the work that is under way not in terms of reduced death rates, reduced sickness, but in the certainty and continuity of family life. We see now, it seems to me, the family and the maturing child as our goal."

San Diego Opens Free Vaccination Clinic.

The San Diego city health department has established a free vaccination clinic for all citizens who desire to secure the protection accorded by vaccination against smallpox. A large number of children have been vaccinated.

Digitized by Google

Cross-Connections and Typhoid Again.

Relatives, heirs and administrators of estates of typhoid victims in Fort Wayne, Ind., are suing the city and the Pennsylvania Railroad for money damages. About $65,000 is the aggregate sum asked for. Chances for collection are, perhaps, better than they would be in Chicago, since $50,000 was paid out seventeen years ago in Fort Wayne in similar cases. The allegations in the present complaints set out that the city permitted the railroad company to connect its private water mains with those of the city, and that a faulty valve permitted the polluted river water to enter the city mains.

More than 150 cases and 22 deaths from typhoid occurred from an explosive outbreak last November and early December. The cases were confined to a small area near the Pennsylvania Railroad yards. Whether or not the gate valves either side of the check were found open or the check valve faulty is beside the point. The connection was certainly made to be used and the danger therefrom was potential. The victims have not died in vain nor the patients who got well suffered without result, for the State Board of Health, January 9, adopted a rule prohibiting such connections after June 1, "regardless of whatever mechanical or supervisory safeguards may be adopted." Promulgation of a rule by the State Board of Health in Indiana has the force of law and carries the penalties already defined by law.

So much for Indiana, but while we write comes a report from the Wisconsin State Board of Health for the last quarter of 1923 in which a typhoid epidemic in a factory in Wausau was traced to the same vicious cross-connection practice. In 1920 the Wisconsin officials recommended the elimination of this very connection. Although the report states that similar outbreaks have occurred on numerous occasions in Wisconsin, only a moderate scolding is given to other factory owners whose building safety is placed above human life. Apparently the Wisconsin law lacks teeth. The admonition is as follows: "It therefore behooves public water-supply officials to see that all such connections are entirely eliminated or properly protected by double check valves of a type approved by the State Board of Health."

Substantial backing has been given to the Indiana officials by the insurance interests, who hold that no rate reductions can be given factories through law violations.

Just how close the Chicago epidemic in November—due in all probability to direct contamination (Lake Michigan acting as the cross-connection or mixing vat)—comes to criminal negligence, the courts would soon determine should some one of the heirs of the sixteen Chicago victims press the matter. From the scientific standpoint, the negligence consists largely in not knowing enough about the supply analytically to apply the necessary amount of germicide. This phase of negligence has been guarded against by the employment of a sanitary engineer whose sole business it is to ascertain bacterial content, interpret results, and then see that orders regulating chlorine dosage are carried out. Responsibility is still so much divided between different officials in Chicago that the old army game of "passing the buck" would be indulged in to the limit should heirs of future epidemics, predicted by the health authorities, attempt to fix legal responsibility for death. One might almost infer that the divided-responsibility condition has been maintained as the safest way to guard the taxpayer's money from the results of damage suits.

When the Bloomington cross-connection case came up it was stated editorially that there was no need to look in the news columns for any further account. Just so in the Indiana and Wisconsin cases. Further details are so simple and usual as to be entirely unnecessary.

Hartford and Stamford, Conn.; Lowell and Springfield, Mass.; Philadelphia and Cleveland; Terre Haute, Ind., and St. Paul, Minn., all prohibit the cross-connection menace. The Minnesota State Board of Health does not permit any cross-connection and the Illinois State Board of Health prohibits new ones. The remedy for the cross-connection nuisance needs for description but three good old Anglo-Saxon words, "Cut it out."—*Engineering News-Record*, Feb. 28, 1924.

MORBIDITY.*

Diphtheria.

251 cases of diphtheria have been reported, as follows: Los Angeles 68, Oakland 31, San Francisco 38, Los Angeles County 15, Berkeley 7, Pasadena 8, Sacramento 12, Glendale 7, Long Beach 5, San Gabriel 1, LaVerne 2, Compton 1, Santa Rosa 1, Redondo 1, Santa Paula 1, Burbank 3, San Bernardino 1, Stockton 4, Mendocino County 1, Monterey County 1, Hanford 1, Santa Cruz County 2, Orange County 1, Fresno 4, Kern County 1, Alameda 3, Culver City 1, Glendale 2, Modesto 3, Hawthorne 1, Bakersfield 3, Sacramento County 1, Lassen County 1, Alhambra 1, El Monte 1, Chico 1, San Luis Obispo County 1, Santa

*From reports received on March 10 and 11 for week ending March 8.

Digitized by Google

Clara 2, Burlingame 1, Holtville 2, Reedley 1, Marin County 1, Riverside 1, Fresno County 2, Monterey Park 1, Dinuba 2, Santa Ana 2.

Scarlet Fever.

297 cases of scarlet fever have been reported, as follows: San Francisco 28, Los Angeles 82, Oakland 19, Fresno County 19, Los Angeles County 24, Holtville 6, Kern County 11, Berkeley 6, Fresno 11, Taft 8, Huntington Park 6, Orange County 5, Alameda 4, Solano County 1, Vallejo 4, Sausalito 1, Reedley 2, Riverside 3, Santa Monica 1, Sacramento 2, South Gate 1, Manhattan Beach 1, Pomona 2, Chico 4, Pasadena 4, Glendale 2, Bakersfield 1, LaVerne 4, Glendora 1, Whittier 1, Monterey County 1, Long Beach 4, Merced County 1, Santa Cruz 1, Livermore 1, Santa Paula 1, San Joaquin County 7, Benicia 1, Stockton 3, Tracy 1, Hollister 1, San Bernardino 1, South San Francisco 1, El Dorado County 1, Inyo County 1, Madera 1, Madera County 1, Chino 2. Alameda County 1, Monterey Park 1, Santa Ana 1.

Measles.

1395 cases of measles have been reported, as follows: San Francisco 119, Los Angeles 300, Pasadena 128, Fresno 90, Riverside 132, Los Angeles County 71, Berkeley 72, Fresno County 68, Sacramento 8, Glendale 25, Kern County 8, Pomona 9, Santa Clara County 6, Visalia 27, Oakland 42, Lemoore 24, Santa Monica 5, Alameda County 7, Colusa County 12, Lindsay 7, Bakersfield 10, Alameda 6, Colusa 36, Glendora 20, Eureka 5, Burbank 5, Merced County 5, Calexico 14, Napa 14, San Bernardino 11, Long Beach 20, Monterey Park 11, Selma 1, Corning 2, Mill Valley 1, Chino 5, San Luis Obispo County 6, Orange County 1, Butte County 4, Santa Maria 1, Napa County 1, Watsonville 3, San Joaquin County 5, Lincoln 1, Lake County 3, South San Francisco 1, Palo Alto 1, Compton 2, Richmond 1, Imperial 4, Calaveras County 3, Santa Clara 1, Daly City 1, Kennett 3, Alhambra 2, Tulare County 6, Lassen County 2, Modesto 3, San Luis Obispo 1, Paso Robles 2, Taft 4, San Gabriel 1, Ontario 3, Trinity County 1, Anaheim 1, Selma 1.

Smallpox.

247 cases of smallpox have been reported, as follows: Los Angeles 81, Los Angeles County 42, Long Beach 28, Compton 12, Huntington Park 7, San Bernardino 13, Orange County 7, Chino 5, Watts 7, Santa Ana 10, Santa Monica 3, San Luis Obispo County 4, Oakland 1, Pasadena 3, Pomona 2, South Gate 1, Glendale 1, Sacramento 1, Hawthorne 1, Taft 3, Newport Beach 1, Tulare County 1, El Segundo 2, Bakersfield 1, Hermosa Beach 4, Lemoore 1, Redlands 1, Madera County 1, San Francisco 1, Ontario 2.

Typhoid Fever.

78 cases of typhoid fever have been reported, as follows: Santa Ana 66, Berkeley 5, Los Angeles 1, Pasadena 2, Long Beach 1, Sacramento 1, Orange County 2.

Whooping Cough.

58 cases of whooping cough have been reported, as follows: Santa Ana 12, Los Angeles 13, San Francisco 1, Alameda 6, Los Angeles County 5, Hermosa 6, Oakland 2, Berkeley 1, Pasadena 3, Long Beach 3, Hayward 2, El Segundo 2, San Joaquin County 1, Monterey County 1.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, 2 being from San Francisco and 1 from Kern County.

Poliomyelitis.

2 cases of poliomyelitis have been reported, 1 from Redlands and 1 from Los Angeles.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, San Francisco reporting 1 and Los Angeles reporting 1.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Mar. 8 received by Mar. 11	Week ending			Reports for week ending Mar. 10 received by Mar. 13
	Feb. 16	Feb. 23	Mar. 1		Feb. 17	Feb. 24	Mar. 3	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	3	5	3	2	3	2	3
Chickenpox	483	464	688	382	207	239	296	196
Diphtheria	292	242	281	251	164	170	149	105
Dysentery (Bacillary)	1	1	3	0	1	0	0	0
Epidemic Encephalitis	2	3	3	2	1	4	3	3
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	173	75	103	88	69	68	132	43
Influenza	36	25	49	41	1073	1264	1085	428
Leprosy	0	1	0	0	1	0	0	1
Malaria	1	2	2	0	1	2	1	0
Measles	986	1367	1606	1395	396	489	572	388
Mumps	55	39	90	65	24	11	33	25
Pneumonia	83	61	286	65	105	136	124	89
Poliomyelitis	1	2	0	2	0	1	1	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	283	294	289	297	195	214	188	152
Smallpox	295	383	367	247	11	20	23	17
Syphilis	178	106	127	125	74	76	117	50
Tuberculosis	228	169	228	253	129	154	175	89
Typhoid Fever	22	33	29	78	5	5	6	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	38	155	105	58	103	116	110	89
Totals	3160	3425	4261	3355	2561	2972	3017	1635

Digitized by Google

CALIFORNIA STATE PRINTING OFFICE

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 6 MARCH 22, 1924 GUY P. JONES EDITOR

Popular Health Education by Radio.

The novelty of the radio does not wear off. With new receiving sets coming into use every day, the audiences listening in to the programs broadcasted from the more powerful stations have grown to huge proportions. No radio talk can possibly compete with the entertainment features on any program but in spite of this fact there is a demand for short, instructive talks upon health subjects. In order to meet this demand the California State Board of Health is engaged in the preparation of a series of radio talks that will be broadcasted at frequent intervals. The first of this series of popular talks is printed in this issue of the Bulletin:

"Campers, Carry a Spade!"

RADIO HEALTH TALK No. 1.

In California and other Pacific Coast states millions of people, at some time during the year, take a short outing or a camping trip in the country. The outing may be only a week-end hike with a pair of sturdy legs as the sole means of transportation. The camping trip may be just a short jaunt in the family flivver, or it may be a real motor vacation in the mountains or at the seashore. Whatever the type of outing may be, the camper or hiker breaks away from city life with its many conveniences and roughs it in the country wilds. There is plenty of pure air and sunshine in such places, but water does not flow out of a pipe at the turn of a faucet. There are no sewers, nor is there a scavenger to remove garbage and refuse. When such conveniences are not at hand, the health responsibilities of the camper or hiker increase greatly—responsibilities not only for his own personal health but also for the health of others. He can no longer depend upon his city to supply him with good drinking water nor to make proper disposal of wastes. He must assume responsibility for the quality of water he drinks and he must also assume responsibility for taking care of all camp wastes. It is about these two Ws—Water and Waste—on camping and hiking trips, that this radio talk is concerned.

A supply of pure water is as necessary on a camping trip as a supply of good food. As a rule, campers are particular about taking a supply of good food, but pay little attention to the quality of drinking water. Because a stream of water looks clear and sparkling is no sign that it may be pure. It may look good and taste good, and yet be heavily polluted with typhoid organisms. Water from a stream along which people live should never be used without boiling. Wells and springs may be polluted, and before using water from either such sources, the camper should make certain that drainage from barnyards, cesspools, pig pens and privies does not enter the source of supply. Running water does not purify itself, in spite of popular ideas to the contrary, and the camper who takes water promiscuously from any running

Digitized by Google

stream that he may find is taking a chance. The best plan is to carry a jug and fill it each morning with water from a known pure source. If this plan can not be followed, it is better to boil all drinking water. Boiled water tastes flat and is not pleasant to drink, but it is better to be safe than sorry.

Every camper should adopt for his slogan "Carry a Spade." A spade is even more useful than an axe on a camping trip. It is an absolutely necessary utensil. It is useful not only for digging trenches and leveling the ground over which the tent may be pitched, but it is also an absolute necessity in maintaining camp sanitation. Carry a spade, and use it for burying all remnants of food, empty tin cans, papers, old bottles, body wastes, and other undesirable material of every description. Don't let camp garbage accumulate to draw flies. Bury it quickly. Pollution of any stream, lake, or other body of water is a violation of California laws. For this reason, it is important that all camp wastes be buried at a safe distance, say, 25 feet from any stream or body of water, and it should be buried deep enough that it can not be reached by animals or insects. A spade is useful, too, for putting out a campfire. The coals of a campfire buried under six inches of dirt have little chance to flare up and set fire to the forests. Many of the best camping spots in California have been destroyed by campers who were careless about putting out their campfires. If you want to keep your camping places for future use, don't burn them up.

If you drink pure water and bury all wastes, your camping trip will be a pleasure to you and to other campers. Leave your camping place as you would like to find it—carry a spade and use it—are the most important things to be remembered by the camper. Observance of these simple rules will add greatly to the health, happiness and comfort of all campers and hikers.

Yolo County Starts Immunization Program.

Dr. H. D. Lawhead of Woodland, health officer of Yolo County, and Dr. Lela Beebe of Woodland recently addressed the citizens of Grafton, in Yolo County, upon the subject of diphtheria prevention. As a result work will be started immediately in securing 100 per cent of immunization against diphtheria among children in that community.

Undernourishment is Common in Children.

One of the most common defects encountered in children is undernourishment. This defect is not always associated with poverty but is most commonly and frequently encountered among children of the well-to-do. This defect, furthermore, is seldom recognized by parents. Undernourishment is generally due to failure to supply the right sort of food and also failure to require necessary habits of sleep and rest that will enable the child to secure proper physical development.

It is specially important that children who are about to enter school should be well nourished and physically fit for entering the first grade. During the month of April 15th to May 15th children of preschool age in nearly every county of California will be able to secure complete physical examinations, free of cost. These examinations will be conducted by competent physicians, dentists and nurses. Children who are found to be suffering from underweight will be given instructions for remedying this condition. The correction of physical defects will be left to the discretion of the parents. It is hoped that this campaign will have a far-reaching effect in removing physical handicaps from children who enter school in the fall.

Make Children Physically Fit for the First Grade.

The Bureau of Child Hygiene of the California State Board of Health and the State Department of Physical Education are planning a month of physical examinations of children who are about to enter school. These examinations will be conducted by qualified physicians, dentists and nurses in nearly every county in the state during the month of April 15th to May 15th. Children residing in the rural districts may take advantage of this opportunity for determining, without cost, if they are physically fit for the first grade. It is an established fact that large numbers of children suffer from defective teeth, enlarged or diseased tonsils, adenoids, undernourishment and many other common defects that hinder their progress in school. A physically handicapped child can not be educated properly. Making a good start in school is an important factor in determining the child's progress through his entire school life.

Digitized by Google

Protect Feeble-Minded Against Diphtheria.

The 1732 unfortunates who, at the expense of state, are cared for in the Sonoma State Home at Glen Ellen, are better protected against diphtheria than are the children of most cities. All of these feeble-minded individuals who are not immune to diphtheria have been immunized against the disease. The work of applying the Schick test to these persons and administering toxin antitoxin to all of those showing positive reactions has involved a large amount of work. The effort is well worth while, however, not alone for the fact that it will prevent much suffering through needless illness among the inmates of the institution, but for the economy involved, as well. It costs large sums of money for the hospitalization of inmates of any institution who suffer from acute illness. The extra nursing care, quarantine measures, extra precautions and other factors add greatly to the cost of running any institution of this sort. To insure against the appearance of diphtheria in any large institution is a wise procedure. The fact that the medical staff of the Sonoma State Home has taken out this form of insurance for the protection of the unfortunates under its care is but a single demonstration of the excellent provisions made for the benefit of these wards of the State of California.

Modesto Provides Diphtheria Immunization.

Dr. J. W. Morgan, city health officer of Modesto, has made an urgent appeal to the parents of Modesto children to have their children immunized against diphtheria. The city made an appropriation for the purchase of toxin antitoxin which is furnished free to the school children of the city. An arrangement was made with the physicians of Modesto by which the toxin antitoxin is administered at a cost of $3. The city pays for the toxin antitoxin for the first thousand immunized. More than 250 children have been immunized so far.

Hollister Immunizes Against Diphtheria.

Immunization against diphtheria is progressing at a rapid rate in Hollister. More than 100 individuals were immunized recently during a single afternoon. The county health officer has succeeded in immunizing a large number of children in the community.

Remove Physical Defects Before Entering School.

The importance of correcting physical defects in childhood is recognized in many countries throughout the world. Probably more work of this sort is being done in the United States at the present time than anywhere else in the world. In England, however, a great deal of attention is being paid to making children physically fit for their school life. The discovery and correction of decaved teeth, diseased tonsils, adenoids, undernourishment and other defects may not only enable the child to make good progress in school but such corrections may also have a great deal to do with the prevention of diseases in adult life. The health officer of Great Britain has said, "If the child is left the prey of certain communicable diseases, malnutrition or dental decay, the results in adolescence and adult life are certain and inevitable—namely, tuberculosis, nephritis, heart disease, anemia, debility or an early loss of teeth. We obtain much of the disease and premature disease which occurs between the ages of 18 and 58, first—because we neglect to deal with the origins of disease in childhood and, secondly—because we fail, in that period, to sow the seeds of hygiene and healthy living.

Thus, childhood is the time for the prevention of disease—the nipping of it in the bud—as well as for sound education in a healthy way of life. The final issue of a comprehensive system of physical welfare before school life, during school life and in adolescence is a citizen educated in hygiene, possessing a health conscience and trained in personal and social habits to avoid infection; to live in accordance with the laws of health and to understand that the individual body in health is the first line of defense against disease."

MORBIDITY.*

Diphtheria.

249 cases of diphtheria have been reported, as follows: Los Angeles 59, San Francisco 49, Oakland 23, Glendale 8, Berkeley 7, Los Angeles County 14, Fresno County 5, Stockton 6, Fresno 1, Mountain View 1, Salinas 1, Long Beach 4, El Cerrito 1, Ventura County 1, Hawthorne 3, Hermosa Beach 1, Lassen County 4, Alameda County 2, San Bernardino 1, Stanislaus County 1, Sacramento 3, Piedmont 1, San Gabriel 2, Alhambra 1, Hanford 3, Calistoga 1, Fowler 1, Tulare 1, Modesto 1, Sanger 2, Santa Ana 1, Calexico 1, Beverly Hills 1, Lemoore 1, Ceres 1, Sacramento County 1, Pleasanton 1, Reedley 1, Gridley 1, Lodi 1, Sunnyvale 1, San Luis Obispo 1, Huntington Park 1, Whittier 1, South Gate 1, Martinez 1, Contra Costa County 1, Richmond

*From reports received on March 17th and 18th for week ending March 15th.

Digitized by Google

2, Santa Clara County 3, Merced 1, Bakersfield 2, Alameda 4, San Fernando 2, Rialto 4, Kern County 1, San Diego County 1, San Diego 3, Walnut Creek 1.

Scarlet Fever.

278 cases of scarlet fever have been reported, as follows: Los Angeles 76, Los Angeles County 22, San Francisco 36, Oakland 19, Whittier 6, Fresno County 12, Compton 5, Taft 6, Fresno 9, Long Beach 5, LaVerne 9, Berkeley 7, Marin County 2, San Joaquin County 5, San Fernando 1, Alhambra 1, Burbank 1, Sutter County 1, Watsonville 1, Madera 1, Bakersfield 1, Redlands 1, Stanislaus County 3, Piedmont 2, Napa 4, Glendale 1, San Bernardino 1, Glendora 1, Santa Clara County 1, Huntington Park 1, San Gabriel 1, San Leandro 1, Stockton 4, Riverside 3, Mountain View 1, South Pasadena 2, Kern County 2, Tracy 1, Monrovia 2, Manhattan Beach 1, Montebello 1, Sacramento 3, Sanger 2, Fowler 1, Napa County 1, Kern County 1, San Diego County 1, San Diego 4, Corona 2, Albany 3.

Measles.

1289 cases of measles have been reported, as follows: Los Angeles 299, San Francisco 116, Fresno 97, Berkeley 37, Fresno County 31, Pomona 30, Los Angeles County 71, Glendale 48, Riverside 111, Oakland 35, Long Beach 23, Colusa 36, Taft 8, Alameda County 5, Santa Monica 7, Piedmont 12, Napa 10, Alhambra 8, Alameda 5, San Fernando 6, Chico 16, Lindsay 7, Lemoore 19, Santa Clara County 9, Sacramento 12, Needles 11, Venice 8, Kings County 17, Los Gatos 5, Merced County 5, Trinity County 7, South Pasadena 8, San Diego 54, Visalia 4, Monterey County 3, Kern County 5, Santa Cruz County 2, Eureka 3, Solano County 1, Huntington Park 1, Whittier 2, Stockton 1, Benicia 1, Hermosa Beach 1, Orange County 4, Colusa County 3, Merced 5, Tulare County 3, Azusa 2, Bakersfield 3, Compton 1, Glendora 2, Burbank 3, San Joaquin County 4, San Bernardino 4, Claremont 1, Beverly Hills 1, Imperial 4, Lincoln 1, South San Francisco 1, Santa Rosa 1, Sunnyvale 1, Banning 1, Lassen County 1, Montebello 4, Calexico 3, Fowler 2, Yuba County 1, Yuba City 8, Orange 1, National City 1, Livingston 2, Sanger 1, Madera 4, Modesto 3, Fullerton 2, Mountain View 1, San Leandro 1, Dinuba 2, Rialto 2, Corcoran 3, Walnut Creek 3, Albany 2.

Smallpox.

286 cases of smallpox have been reported as follows: Los Angeles County 63, Los Angeles 116, Long Beach 24, Hermosa Beach 5, Alhambra 8, Fullerton 22, Orange County 8, San Bernardino 6, Hawthorne 3, Oakland 1, Torrance 1, Whittier 5, Redlands 3, Madera 1, Sacramento 3, Venice 3, Riverside 3, San Gabriel 1, Glendale 3, Huntington Park 2, South Gate 2, Compton 2, San Francsico 1.

Whooping Cough.

33 cases of whooping cough have been reported, as follows: Los Angeles 5, San Bernardino 6, Dinuba 1, Los Angeles County 4, Berkeley 1, Long Beach 4, Hermosa Beach 4, Alhambra 1, Burbank 1, Chico 1, Merced 1, San Diego 1.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Santa Ana 4, San Francisco 2, Los Angeles County 1, Huntington Park 1, Whittier 1, Orange County 4, Monterey County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Compton 1, Kern County 1.

Encephalitis.

Los Angeles reported 1 case of epidemic encephalitis.

Typhus Fever.

Los Angeles reported 1 case of typhus fever.

Leprosy.

San Diego reported 1 case of leprosy.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1923–1924				1922–1923			
	Week ending			Reports for week ending Mar. 15 received by Mar. 18	Week ending			Reports for week ending Mar. 17 received by Mar. 20
	Feb. 23	Mar. 1	Mar. 8		Feb. 24	Mar. 3	Mar. 10	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	5	3	0	3	2	3	3
Chickenpox	464	688	440	479	239	296	252	161
Diphtheria	242	281	288	249	170	149	176	90
Dysentery (Bacillary)	1	3	2	0	0	0	0	0
Epidemic Encephalitis	3	3	2	1	4	3	3	6
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	75	103	117	148	68	132	172	41
Influenza	25	49	49	33	1264	1085	642	232
Leprosy	1	0	0	1	0	0	1	0
Malaria	2	2	0	1	2	1	2	1
Measles	1367	1606	1621	1289	489	572	641	293
Mumps	39	90	66	53	11	38	31	24
Pneumonia	61	285	70	70	136	124	106	70
Poliomyelitis	2	0	2	2	1	1	1	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	294	289	318	278	214	188	217	141
Smallpox	383	366	252	286	20	23	20	13
Syphilis	106	127	151	209	76	117	132	39
Tuberculosis	169	228	266	221	154	175	182	83
Typhoid Fever	33	29	77	14	5	6	6	1
Typhus Fever	1	0	0	1	0	0	0	0
Whooping Cough	155	105	51	33	116	110	139	82
Totals	3426	4259	3775	3368	4972	3017	2726	1280

20179 3-24 2500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 7 MARCH 29, 1924 GUY P. JONES EDITOR

The Biggest Book In California.

The biggest book in California is kept by the California State Board of Health. It contains no fiction but it is nevertheless more replete with human interest than any other book within the state. It has to do with life. It is the key to hundreds of thousands of love stories, farces and tragedies. Some portion of this large book is of interest to every individual in the state. As a whole, it is of vital importance and its maintenance constitutes one of the most important duties of the California State Board of Health. This book contains the names of more than 5,000,000 persons and it is the index to all the birth, death and marriage certificates that have been filed in California since 1905, when the Vital Statistics Registration Law was enacted.

The law requires that a certificate shall be filed for every birth, death and marriage that occurs within the state. These certificates are filed with the local registrars who transmit them each month to the Bureau of Vital Statistics of the California State Board of Health at Sacramento. The vital statistics that are computed from the data in these birth, death and marriage certificates constitute the very foundation upon which most public health procedures are based. By means of the mortality statistics for such diseases as tuberculosis, pneumonia, diphtheria and other communicable and epidemic diseases, health officials are able to determine the trend of the warfare that is continually waged against these devastating diseases. The careful compilation of mortality statistics for the general diseases, such as cancer, diseases of the circulatory and nervous systems, violence and other causes of death are of great importance in pointing out new fields of work for reducing the general death rate.

A certificate of death has a very important significance. Insurance companies demand a certified copy of a death certificate before honoring a life insurance claim. Such certified copies are demanded by the War Risk Insurance Bureau and the Federal Pension Department in settling government claims.

A birth certificate has an even greater importance than a death certificate. In modern life an individual who can not produce a copy of his birth certificate may be placed in almost as unfortunate a predicament as a man without a country. The registration of births is one of the most important procedures from a business, legal and humanitarian standpoint of any procedure that is required in our modern civilization.

A birth certificate may be necessary to establish age, prove citizenship in order to vote, as evidence of legal age to marry, to prove the age of heirs, to determine the validity of a contract entered into by an alleged minor, to prove the inheritance rights of widows and orphans, and to determine the liability of parents for the debts of a minor. A birth certificate may be necessary as proof of citizenship in order to obtain a passport, as evidence of age in order to secure exemption from military service or jury duty. It may be necessary in the enforcement of laws in school attendance and child labor. It may be indispensable in the administration of estates and the settlement of insurance and pensions. A birth certificate may be required to prove

the irresponsibility of children under legal age for crime and misdemeanor. These are but a few of the procedures in which the possession of a certified copy of a birth certificate may be of vital importance in the life of any individual.

Marriage certificates may also be necessary in many legal matters. All of the marriage certificates received by the California State Board of Health are indexed according to the names of the brides as well as according to the names of the grooms, and it is possible to secure certified copies of all marriage certificates that have been filed in California during the past eighteen years. Birth certificates, too, are indexed according to the name of the father and according to the name of the mother before her marriage.

Filing, indexing, copying and certifying birth, death and marriage certificates, as well as the compilation of statistical data gathered from the certificates, requires careful, conscientious work and great accuracy. The fee for a certified copy of any birth, death or marriage certificate is 50 cents. It is a significant fact that the Japanese in California, without fail, secure a certified copy of the original certificate of every birth that may occur among Japanese residents. This emphasizes the importance of birth registration to the Japanese. It should be of equal interest to native Californians, for it is doubtful if there is any public document of greater importance to any citizen than his own birth certificate.

Public Health Positions Open In California.

The following public health positions in California are reported to be vacant and applicants are sought. Salaries named are per month:

Experienced sanitary inspector for San Diego. Apply to Dr. A. M. Lesem, San Diego ---------- $160-$200

City or school nurse for Orange County. Apply Dr. W. Leland Mitchell, Santa Ana ---------- $150

City nurse for Santa Ana. Apply to Dr. W. Leland Mitchell-Automobile and $150

City nurse for Coronado. Apply to Dr. R. Lorini, City Health Officer-- $150

School nurse for La Mesa Union High School ---------- $150 plus

Large Numbers Vaccinated in San Luis Obispo.

The free vaccination clinic maintained by the San Luis Obispo health department has provided almost 300 persons with sure protection against smallpox. During the last day that the clinic was in operation 53 individuals were vaccinated.

Find Telephones to be Free From Germs.

Do public telephones sometimes make you shudder and think of germs?

Well, they need not, if one places faith in the results of a recent investigation in London, told of in the April issue of the popular health journal, *Hygeia*.

To learn if public telephones are carriers of disease, says the health magazine, the British postmaster-general recently had a series of tests made with telephone mouthpieces at busy call offices. No tuberculosis germs were found.

Not satisfied with the tests made at the public pay stations, the postmaster-general had telephones fitted in the wards of a sanatorium to be used only by patients in different stages of tuberculosis.

These instruments were in use for varying periods and were not cleaned or disinfected during the time of the experiment. Bacteriologists then inspected them and found no evidence of bacilli. The conclusion was that the transmission of tuberculosis through the telephone mouthpiece was so unlikely as to be almost impossible.

However, in London a staff of cleaners is employed permanently whose duty it is to disinfect telephone transmitters and receivers in all the public call stations regularly every three days.

A Definition of Good Posture.

Good posture is that posture of the body which best helps man to do his work day in and day out with no useless expenditure of energy, but with the best advantage to the action of the heart and lungs and all the rest of the organs of the body. Good posture is for a lifetime. Life is a test of endurance. Its length depends upon the ability of the internal organs to keep on working and to keep on working together.

Good posture must first favor the good working of the bodily organs, and it must do this at the least expense in effort, which, it must be remembered, costs a certain amount of organic labor to maintain.

Good posture shows vitality, just as good posture helps vitality. We know it when we see it, because we feel the power and strength that is behind it. The essentials of good posture are four—the high head, the high chest, the straight back and the flat abdo-

Digitized by Google

men. This is an attitude of power and confidence, an evidence of lithe repose. The arms are neutral and hang naturally at the side without strain.—*Health Builder.*

Many Children to be Made Physically Fit.

Contra Costa, Madera, Riverside, San Luis Obispo and Shasta counties have about perfected plans for the physical examination of children who are to enter school next fall. Several other counties are making preliminary plans for similar work.

In Contra Costa County examinations will be made in the towns of Avon, Bay Point, Crockett, Giant, Sobrante, Martinez, Pinole, Hercules, Port Costa, Rodeo, Stege, El Cerrito, San Pablo, Tormey and Selby.

In San Luis Obispo County examinations of children will be conducted in Paso Robles, San Miguel, Shandon, Templeton, Union, Atascadero, Cambria, Morro, San Luis Obispo, Arroyo Grande, Nipomo and Santa Margarita. It is expected that nearly one thousand children will be examined in San Luis Obispo County.

In Madera County all examinations will be made in the city of Madera.

In Riverside County it is expected that examinations will be conducted in Riverside, Beaumont, Banning, Elsinore, Perris, and many other communities.

In Shasta County local physicians and nurses are actively engaged in plans for making examinations in Redding, Kennett, Anderson, MacArthur and Hat Creek.

Many Modesto Children Immunized Against Diphtheria.

Dr. J. W. Morgan, city health officer, Modesto, has announced that one thousand immunizations against diphtheria have been administered in Modesto. The toxin antitoxin was furnished by the city. This work will have a far reaching effect in reducing the morbidity and mortality from diphtheria next year.

"Gold that buys health can never be ill spent."—*John Webster.*

"The most sacred thing in the commonwealth and to the commonwealth is the child, whether it be your child or the child of the dull-faced mother of the hovel. The child of the dull-faced mother may, as you know, be the most capable child in the state."

—*William Henry Page.*

Lodi is Proud of City's Health Record.

The city of Lodi takes just pride in its freedom from diphtheria. A child who recently came to Lodi from a middle-west state, developed the disease directly after arrival and died March 16th. This is the first death from this cause in the Lodi community since December, 1922.

In commenting upon this unfortunate occurrence, the Lodi *Sentinel* says: "Without doubt the family was unaware of the excellent service maintained by the San Joaquin Local Health District. It is possible that an illness contracted in North Dakota or enroute to this city may have resulted in the fatal attack of diphtheria. At any rate, this death should not be chargeable to the Lodi district, nor should it be classified as having broken Lodi's splendid health record."

MORBIDITY.*

Diphtheria.

207 cases of diphtheria have been reported, as follows: Los Angeles 65, San Francisco 39, Los Angeles County 16, Oakland 15, Sacramento 6, Berkeley 5, San Mateo County 1, Fillmore 2, Long Beach 4, Lassen County 1, Daly City 1, Santa Clara County 1, Santa Paula 1, San Bernardino County 1, Vallejo 3, Monterey County 1, Palo Alto 1, Rialto 4, Sutter Creek 2, Fresno County 3, Redondo Beach 2, Alameda 3, Santa Barbara 1, Tulare County 1, Hanford 1, San Luis Obispo 1, Hermosa Beach 2, Santa Ana 1, Walnut Creek 1, San Mateo 3, San Luis Obispo County 1, Corona 1, Merced County 1, Lodi 2, Stockton 4, Redwood City 1, Pasadena 2, Orange County 1, National City 1, Hawthorne 1, Petaluma 1, Kern County 3.

Scarlet Fever.

252 cases of scarlet fever have been reported, as follows: Los Angeles 71, San Francisco 42, Los Angeles County 23, Fresno County 9, Huntington Park 7, Oakland 9, San Joaquin County 6, Berkeley 5, Pomona 8, Napa 5, Pasadena 2, Sacramento 2, San Jose 3, La Verne 1, Compton 1, Whittier 4, Long Beach 2, Taft 3, Manhattan Beach 1, El Dorado County 1, Riverside 1, Fullerton 1, Oakdale 1, Livermore 2, Santa Ana 1, Colton 1, Stockton 2, Orange County 4, El Segundo 2, San Mateo 1, Hermosa Beach 1, Alhambra 1, Chico 2, Daly City 1, Santa Clara County 2, Santa Paula 1, San Bernardino County 1, Stanislaus County 1, Alameda 2, Redlands 2, Vallejo 3, Santa Cruz 1, Inyo County 1, Santa Barbara 1, Burlingame 1, Madera 2, Fowler 1, Holtville 2, Santa Monica 1, Amador County 2, Venice 1, Orange 1.

Measles.

1167 cases of measles have been reported, as follows: Los Angeles 303, San Francisco 101, Pasadena 126, Los Angeles County 75, Berkeley 51, Riverside 102, Oakland 48, Livermore

*From reports received on March 24th and 25th for the week ending March 22d.

Digitized by Google

14, San Mateo 35, San Jose 27, Long Beach 17, Fresno County 5, Taft 12, Visalia 5, Kern County 5, Sacramento 9, San Joaquin County 14, Orange County 17, Alhambra 7, Pomona 16, Santa Clara County 7, Lemoore 9, San Bernardino County 7, Napa 13, Colusa 11, Chico 6, San Rafael 7, Piedmont 6, Alameda County 3, Imperial 1, Colton 2, Blythe 1, Santa Monica 4, Stockton 1, Lodi 1, Livingston 5, Orange 1, Monterey County 3, Sutter County 2, Eureka 1, Mill Valley 1, Madera 4, Madera County 1, Corcoran 1, Needles 3, Lassen County 1, Lompoc 1, Calexico 2, Stanislaus County 2, Solano County 1, Redlands 1, Healdsburg 1, Whittier 1, Glendora 3, San Gabriel 1, Compton 1, Huntington Park 1, Hawthorne 1, Hermosa Beach 1, El Monte 3, Plumas County 1, Napa County 1, Watsonville 2, Burbank 1, Bakersfield 1, Dinuba 2, San Luis Obispo 1, Imperial County 2, Alameda 3, Merced County 4, Morgan Hill 2, Pacific Grove 2, Santa Ana 2, Fresno 1, National City 3, Benecia 1, Walnut Creek 4, Sunnyvale 2, Oakdale 4, Fullerton 1, Tulare County 3, San Luis Obispo County 1, Corona 1, Anaheim 4, Modesto 1, Venice 3, Kern County 3.

Smallpox.

277 cases of smallpox have been reported, as follows: Los Angeles 111, Los Angeles County 47, Long Beach 20, Hermosa Beach 8, National City 5, San Bernardino County 11, Redlands 7, Pasadena 8, Orange County 12, Fullerton 5, San Luis Obispo County 11, Monrovia 1, Taft 3, San Gabriel 1, Colton 1, Riverside 3, Tulare County 2, Compton 4, El Segundo 1, Redondo 1, Torrance 2, Huntington Park 3, Burbank 1, Monica 3, Alhambra 1, Calipatria Kern County 1.

Typhoid Fever.

58 cases of typhoid fever have b as follows: Orange 32, Orange Santa Ana 4, Los Angeles 5, Berk ton 1, Pasadena 1, San Joaqui Calipatria 1, San Francisco 1, Ke

Whooping Cough.

40 cases of whooping cough reported, as follows: San Joaquin Oakland 2, Alameda County 1, San Los Angeles County 2, Long Be dena 4, Alhambra 1, Solano Count 1, Eureka 1, Riverside County 1, Los Angeles 2.

Leprosy.

San Francisco reported 1 case o

Poliomyelitis.

3 cases of poliomyelitis have bee as follows: Cresent City 1, Taft 1,

Epidemic Encephalitis.

3 cases of epidemic encephalitis reported, as follows: Berkeley 1, cisco 1, Los Angeles 1.

Epidemic Meningitis.

Venice reported 1 case of epide ingitis.

COMMUNICABLE DISEASE REPORTS.

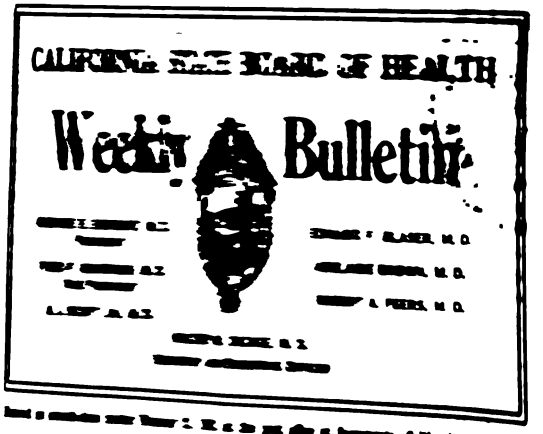
DISEASES.	1923–1924				1922–1923		
	Week ending			Reports for week ending	Week ending		
	Mar. 1	Mar. 8	Mar. 15	Mar. 22 received by Mar. 25	Mar. 3	Mar. 10	Mar. 17
Anthrax	0	0	0	0	0	0	1
Cerebrospinal Meningitis	5	3	0	1	2	3	5
Chickenpox	688	440	537	398	296	252	231
Diphtheria	280	288	279	207	149	176	150
Dysentery (Bacillary)	3	2	0	0	0	0	2
Epidemic Encephalitis	3	2	1	3	3	4	8
Epidemic Jaundice	0	0	0	0	0	0	0
Gonorrhoea	103	117	151	78	132	172	65
Influenza	49	49	35	17	1085	642	365
Leprosy	0	0	2	1	0	1	0
Malaria	2	0	4	0	1	2	2
Measles	1606	1620	1547	1167	572	641	680
Mumps	90	66	59	47	33	31	32
Pneumonia	285	70	79	75	124	106	100
Poliomyelitis	0	2	2	3	1	1	0
Rabies (Human)	0	0	0	0	0	0	0
Scarlet Fever	289	318	289	252	188	217	201
Smallpox	366	252	320	277	23	20	22
Syphilis	127	151	212	108	117	132	88
Tuberculosis	228	266	240	224	175	182	187
Typhoid Fever	29	77	15	58	6	6	9
Typhus Fever	0	0	0	0	0	0	0
Whooping Cough	105	52	41	40	110	139	159
Totals	4258	3775	3813	2956	3017	2726	2307

CALIFORNIA STATE PRINTING OFFICE

O

30179 3-24 3500

Digitized by Google


CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

nfected person may float
est of pool water, only
ce of infection for other
may come into contact
pite of the high stand-
ed, a well person enter-
n pool with other indi-
ontract a common cold
ase from the body dis-
ner bathers. The main-
gh standards of sanita-
ie hazard to a minimum,
n enter a common pool
rsons without taking a
contracting an infection.

d Orange
e Unit.

Santa Ana and Orange
ed their health depart-
ll-time unit that has been
Orange County for more
Santa Ana has agreed to
nnually for the mainten-
lic health and sanitation.
ange has agreed to con-
nnually for like service.
County full-time health
r. Leland W. Mitchell,
Officer, has accomplished
ts since its organization,
922. This unit will be
te with even greater
that Santa Ana and
cluded in the territory

ORBIDITY.*

htheria have been reported,
ngeles 69, San Francisco 56,
nd 14, Long Beach 6, Los
5, Stockton 7, San Mateo
ento 6, Fresno County 3,
2, Richmond 1, Contra Costa
Luis Obispo 1, Colton 1,
odi 1, Turlock 3, Stanislaus
, Emeryville 2, Bakersfield
re County 1, Taft 1, San
eda County 1, Whittier 2,
ngton Park 1, Alhambra 1,
. San Jose 2, Walnut Creek
3.

t fever have been reported,
ncisco 67, Los Angeles 62,
v 36, Berkeley 8, Oakland
8, Santa Barbara 5, Fresno
ford 1, Merced County 1,
ttier 1, Bakersfield 1, Pat-
n Bernardino 1, Pomona 1,
lera County 1, Oakdale 2,
uin County 2, San Luis
nty 3, Burbank 1, Stock-
ty 2, Pinole 1, Holtville 3,
ado County 1, San Mateo
, Santa Cruz 1, Whittier
ambra 3, Compton 1, La
2, Sanger 2, Huntington

ceived on March 31 and
ling March 29.

Digitized by Google

14, San Mateo 35, San Jose 27, Long Beach 17, Fresno County 5, Taft 12, Visalia 5, Kern County 5, Sacramento 9, San Joaquin County 14, Orange County 17, Alhambra 7, Pomona 16, Santa Clara County 7, Lemoore 9, San Bernardino County 7, Napa 13, Colusa 11, Chico 6, San Rafael 7, Piedmont 6, Alameda County 3, Imperial 1, Colton 2, Blythe 1, Santa Monica 4, Stockton 1, Lodi 1, Livingston 5, Orange 1, Monterey County 3, Sutter County 2, Eureka 1, Mill Valley 1, Madera 4, Madera County 1, Corcoran 1, Needles 3, Lassen County 1, Lompoc 1, Calexico 2, Stanislaus County 2, Solano County 1, Redlands 1, Healdsburg 1, Whittier 1, Glendora 3, San Gabriel 1, Compton 1, Huntington Park 1, Hawthorne 1, Hermosa Beach 1, El Monte 3, Plumas County 1, Napa County 1, Watsonville 2, Burbank 1, Bakersfield 1, Dinuba 2, San Luis Obispo 1, Imperial County 2, Alameda 3, Merced County 4, Morgan Hill 2, Pacific Grove 2, Santa Ana 2, Fresno 1, National City 3, Benecia 1, Walnut Creek 4, Sunnyvale 2, Oakdale 4, Fullerton 1, Tulare County 3, San Luis Obispo County 1, Corona 1, Anaheim 4, Modesto 1, Venice 3, Kern County 3.

Smallpox.

277 cases of smallpox have been reported, as follows: Los Angeles 111, Los Angeles County 47, Long Beach 20, Hermosa Beach 8, National City 5, San Bernardino County 11, Redlands 7, Pasadena 8, Orange County 12, Fullerton 5, San Luis Obispo County 11, Monrovia 1, Taft 3, San Gabriel 1, Colton 1, Riverside 3, Tulare County 2, Compton 4, El Segundo 1, Redondo 1, Torrance 1, Hawthorne 2, Huntington Park 3, Burbank 2, Santa Monica 3, Alhambra 1, Calipatria 1, Venice 1, Kern County 1.

Typhoid Fever.

58 cases of typhoid fever have been reported, as follows: Orange 32, Orange County 10, Santa Ana 4, Los Angeles 5, Berkeley 1, Stockton 1, Pasadena 1, San Joaquin County 1, Calipatria 1, San Francisco 1, Kern County 1.

Whooping Cough.

40 cases of whooping cough have been reported, as follows: San Joaquin County 15, Oakland 2, Alameda County 1, San Francisco 1, Los Angeles County 2, Long Beach 3, Pasadena 4, Alhambra 1, Solano County 4, Orange 1, Eureka 1, Riverside County 1, Williams 2, Los Angeles 2.

Leprosy.

San Francisco reported 1 case of leprosy.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Cresent City 1, Taft 1, Lemoore 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Berkeley 1, San Francisco 1, Los Angeles 1.

Epidemic Meningitis.

Venice reported 1 case of epidemic meningitis.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1923–1924				1922–1923			
	Week ending			Reports for week ending Mar. 22 received by Mar. 25	Week ending			Reports for week ending Mar. 24 received by Mar. 27
	Mar. 1	Mar. 8	Mar. 15		Mar. 3	Mar. 10	Mar. 17	
Anthrax	0	0	0	0	0	0	1	0
Cerebrospinal Meningitis	5	3	0	1	2	3	5	1
Chickenpox	688	440	537	398	296	252	231	218
Diphtheria	280	288	279	207	149	176	150	95
Dysentery (Bacillary)	3	2	0	0	0	0	2	1
Epidemic Encephalitis	3	2	1	3	3	4	8	0
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	103	117	151	78	132	172	65	52
Influenza	49	49	35	17	1085	642	365	294
Leprosy	0	0	2	1	0	1	0	1
Malaria	2	0	4	0	1	2	2	1
Measles	1606	1620	1547	1167	572	641	680	456
Mumps	90	66	59	47	33	31	32	41
Pneumonia	285	70	79	75	124	106	100	78
Poliomyelitis	0	2	2	3	1	1	0	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	289	318	289	252	188	217	201	140
Smallpox	366	252	320	277	23	20	22	20
Syphilis	127	151	212	108	117	132	88	60
Tuberculosis	228	266	240	224	175	182	187	86
Typhoid Fever	29	77	15	58	6	6	9	2
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	105	52	41	40	110	139	159	138
Totals	4258	3775	3813	2956	3017	2726	2307	1685

CALIFORNIA STATE PRINTING OFFICE

Q

30179 3-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 8 APRIL 5, 1924 GUY P. JONES EDITOR

Safety for Swimmers.

RADIO HEALTH TALK NO. 2.

Swimming, under proper conditions, is one of the most healthful of all sports. Through failure to observe certain necessary precautions, however, many swimmers, every year, lose their lives. It is unfortunate that more people do not know and observe the simple rules for swimming in safety. They are based upon common sense, and are not hard to remember. Some of the most important of these rules are the following:

Don't swim right after eating. Wait for about two hours.

Don't swim while overheated. Wait until you have cooled off. Failure to observe these rules frequently causes cramps.

Don't swim until you are completely exhausted. Stop before you get "that tired feeling." Fish can swim all day without getting tired, but a human being can not.

If you are going to dive into the water, make certain that it is deep enough. Many a perfectly good head has been completely ruined by suddenly crashing upon the hard concrete or rocky bottom of a swimming place.

Should you be caught in a swift current or undertow, don't thrash your arms and legs wildly. Let the force of the current bring you to the surface. Keep your head. You will need it.

Always have your arms in position ready for taking a stroke. You might step into a hole and need a quick stroke to get you out.

Don't go into a swimming pool if you are not well. Communicable diseases, such as typhoid fever, common colds, pink-eye, skin, eye, ear, nose and throat infections are frequently spread in swimming pools by persons who are suffering from such diseases.

Insist upon using a clean, sterilized swimming suit and towel. California, as well as many other states, requires proprietors of public swimming pools to provide clean suits and towels for their patrons. They are also required to furnish clean water, and people who use public swimming pools are required to cooperate in keeping pool waters clean and in observing the simple rules of safety in force at such places.

Everyone who swims should know how to revive a drowning person. If you are a swimmer and don't know what to do when a person apparently drowns, learn right now how to apply the Shaefer prone pressure method of resuscitation. If every swimmer knew about this method and were to put it into use immediately, whenever necessary, many lives could be saved each year. The American Red Cross issues bulletins on swimming and life-saving, in which the Schaefer prone pressure method of reviving persons who appear to be drowned, is described in complete detail. The description of this method is too long for broadcasting, but it is easy to learn. Write to the American Red Cross for circulars on life-saving methods.

If all swimmers will observe the simple rules of safety as outlined in this radio talk, they can do much to make swimming a safer sport. There is no form of recreation more healthful. It remains only for those who indulge in swimming to remove its dangers and destroy the fears of many who are too timid to venture near the water.

Digitized by Google

Millions of Campers Toured State Last Year.

The Chief Sanitary Inspector of the California State Board of Health, E. T. Ross, has received 250 reports from private and municipally owned automobile camps scattered throughout California. These reports are based upon a questionnaire sent to the superintendents of all automobile camps. The data gathered from these sources indicate that no less than 350,000 automobiles entered the public camps of California during the 1923 season. These vehicles brought 1,225,000 people, who spent nearly $1,000,000 for camping privileges, supplies, etc. These data indicate the extent of automobile camping in this state, and prove the necessity for the maintenance of strict supervision over the sanitation of all automobile camps.

Many of the superintendents, in their reports complained of the roadside campers who are permitted to occupy available campsites along the highway, without observing any of the ordinary procedures for maintaining clean camps. It would seem that the time is not far distant when roadside camping, without sanitary supervision, will be prohibited. Promiscuous disposal of sewage, garbage, and other wastes constitutes an important factor in the spread of typhoid fever and the breeding of flies and other insects. When there are so many well regulated campgrounds available there can be no excuse for permitting unsanitary roadside camps to exist.

Some of the camp superintendents complain of established automobile camps that are not conducted in accordance with the prescribed regulations for sanitation of camps. With the tremendous increase in the number of such places that has occurred during the past two years, the sanitary inspection staff of the California State Board of Health is severely taxed in its efforts to visit all camps during the season, while they are in operation. It is impossible to keep a complete check upon the sanitation of all such places at all times. For these reasons, the state board of health requests that the traveling public submit complaints concerning the bad sanitation of any automobile camp in the state to the secretary of the board at Sacramento. Such complaints will receive prompt and careful attention.

The United States Forest Service has reported that upwards of 3,000,000 people entered the United States forest reserves in California during the past season. The migration of these vast numbers of people during the summer months constitutes a public health problem of great importance. It is only through the full cooperation of local officials, camp superintendents and the general public, that this seasonal migration can be handled without detriment to the public health. That these large numbers of people have been moved about the state without affecting the health of the general public seriously, speaks well for the maintenance of sanitation, as required in the State Board of Health regulations, in most camps now being conducted in every part of the state.

Toxin Antitoxin Saves Lives.

Mothers and fathers that love their children and do not wish them to die of diphtheria ought to have them immunized against that disease. They ought to do it now, during these weeks when colds that lower the resistance are so easy to get.

Every year in this country 12,000 people die of diphtheria. Four-fifths of these are children less than five years of age, little creatures that have hardly begun to live. Almost all of these could be saved if their parents were wise.

Babies of three months, or less, are usually immune to diphtheria through inheritance from their mothers. This wears off until very few children of two years or more are naturally immune.

But babies' lives can be saved. Three tests for diphtheria are possible. One is the Schick test to determine immunity. A tiny bit of diphtheria toxin is injected into the skin. Nothing happens if immunity is present; a redness occurs if there is no immunity. An antitoxin can be used to cure children that are sick of diphtheria. And children can be made almost entirely safe from the disease by the injection of a mixture of toxin and antitoxin, which maintains a state of active immunity.

Toxin antitoxin is the last defensive invention of the medical profession. When it was used in Auburn, New York, in 1921-22, it cut down the number of school days lost through diphtheria from 22,438 to 1189 in one year. It would save many babies' lives in this city. Any doctor can administer it and it costs no more than one doctor's visit to a sick baby.—San Francisco *Call.*

"The most sacred thing in the commonwealth and to the commonwealth is the child, whether it be your child or the child of the dull-faced mother of the hovel. The child of the dull-faced mother may, as you know, be the most capable child in the state."

—*William Henry Page.*

Digitized by Google

Safeguarding Swimming Pools.

The California State Board of Health, under the law, has supervision over the sanitation, healthfulness, cleanliness and safety of public swimming pools within the state, together with authority to make and enforce rules and regulations pertaining to the sanitation of such places. Since there are 400 public swimming pools in California, the inspection of pools and the issuance of permits to proprietors of such establishments, constitutes considerable work.

Permits to operate public swimming pools are required under the provisions of chapter 63, acts of 1917, any of which are revocable or subject to suspension at any time if it is determined that the place is conducted in a manner that may be dangerous to the public health.

The regulations governing the sanitation of swimming pools require:

1. That the bacterial contamination of the water in the pool shall be maintained at a practical minimum;

2. That the water in the pool shall at all times of use be sufficiently transparent to permit a person standing at the side of the pool to see the bottom of the pool where the depth of the water is six feet or less;

3. That dressing rooms, hallways, toilet rooms, shower rooms or other places to which patrons of a bath house have access, shall be kept clean and well ventilated at all times;

4. That facilities shall be provided for adequately protecting the pool water against unnecessary sputum contamination by bathers;

5. That all persons known or suspected of being afflicted with infectious diseases shall be excluded from the pool;

6. That contamination of the pool resulting from lack of personal cleanliness shall be reduced to a minimum;

7. That construction and appliances shall be such as to reduce to a practical minimum danger of drowning and of injury to bathers from falls or collision; and

8. That bathing suits and towels, when distributed to bathers by the pool management, shall be free from excessive bacterial contamination.

The enforcement of these regulations are effective in reducing the number of cases of communicable diseases contracted in swimming pools. It must be remembered, however, that infectious material from the nose and throat of an infected person may float upon the purest of pool water, only to be the source of infection for other persons who may come into contact with it. In spite of the high standards maintained, a well person entering a common pool with other individuals may contract a common cold or other disease from the body discharges of other bathers. The maintenance of high standards of sanitation reduces the hazard to a minimum, but no one can enter a common pool with other persons without taking a certain risk of contracting an infection.

Santa Ana and Orange Join Full-Time Unit.

The cities of Santa Ana and Orange have transferred their health departments to the full-time unit that has been operating in Orange County for more than a year. Santa Ana has agreed to provide $9,000 annually for the maintenance of its public health and sanitation. The city of Orange has agreed to contribute $2,400 annually for like service.

The Orange County full-time health unit, under Dr. Leland W. Mitchell, County Health Officer, has accomplished gratifying results since its organization, in December, 1922. This unit will be able to operate with even greater efficiency now that Santa Ana and Orange are included in the territory which it serves.

MORBIDITY.*

Diphtheria.

234 cases of diphtheria have been reported, as follows: Los Angeles 69, San Francisco 56, Berkeley 9, Oakland 14, Long Beach 6, Los Angeles County 15, Stockton 7, San Mateo County 6, Sacramento 6, Fresno County 3, Rialto 4, Alameda 2, Richmond 1, Contra Costa County 1, San Luis Obispo 1, Colton 1, National City 1, Lodi 1, Turlock 3, Stanislaus County 1, Ukiah 1, Emeryville 2, Bakersfield 2, Gridley 1, Tulare County 1, Taft 1, San Fernando 1, Alameda County 1, Whittier 2, Redondo 1, Huntington Park 1, Alhambra 1, Sanger 3, Fresno 3, San Jose 2, Walnut Creek 1, Monterey Park 3.

Scarlet Fever.

282 cases of scarlet fever have been reported, as follows: San Francisco 67, Los Angeles 62, Los Angeles County 36, Berkeley 8, Oakland 11, Fresno County 8, Santa Barbara 5, Fresno 11, Ventura 1, Hanford 1, Merced County 1, Sacramento 4, Whittier 1, Bakersfield 1, Patterson 1, Taft 3, San Bernardino 1, Pomona 1, Long Beach 1, Madera County 1, Oakdale 2, Lodi 1, San Joaquin County 2, San Luis Obispo 1, Kern County 3, Burbank 1, Stockton 3, Orange County 2, Pinole 1, Holtville 3, Alameda 1, El Dorado County 1, San Mateo County 2, Venice 2, Santa Cruz 1, Whittier 3, Hermosa 1, Alhambra 3, Compton 1, La Verne 1, Glendora 2, Sanger 2, Huntington

*From reports received on March 31 and April 1 for week ending March 29.

Digitized by Google

Park 1, Stanislaus County 1, San Jose 3, Napa 4, Corona 1, Burlingame 2, Vallejo 1, Chino 3, Huntington Beach 2.

Measles.

1231 cases of measules have been reported, as follows: Los Angeles 340, San Francisco 92, Fresno 153, Los Angeles County 72, Berkeley 39, Riverside 57, Alameda 5, Kern County 12, Fresno County 6, Stanislaus County 6, Modesto 8, San Joaquin County 11, Chico 7, Santa Monica 8, San Luis Obispo 5, Merced County 5, Sacramento 6, Bakersfield 8, Lindsay 13, San Bernardino 8, Visalia 22, Colusa 16, San Bernardino County 18, Taft 8, Pomona 7, San Fernando 20, Whittier 5, Alhambra 11, Azusa 14, Lemoore 23, Oakland 51, Madera 11, Long Beach 14, Oakdale 11, Huntington Park 5, San Jose 32, Ontario 6, Napa 9, Santa Barbara 6, Mountain View 1, Orange County 3, Solano County 4, Siskiyou County 3, Yreka 1, Madera County 2, Mill Valley 1, Glendora 4, Piedmont 4, Gridley 1, San Mateo County 1, Montebello 5, Turlock 1, Imperial 2, Fowler 3, Colusa County 1, Alameda County 2, Monterey County 1, Monrovia 4, Compton 2, San Gabriel 2, Lodi 1, Rialto 2, Burbank 2, Watsonville 1, Venice 3, Sutter County 1, Santa Paula 1, Vacaville 2, Colton 4, Santa Rosa 1, Hanford 1, Merced 1, Walnut Creek 1, Napa County 2, San Luis Obispo County 3, Vallejo 1, Monterey Park 3, Pittsburg 1, Eureka 1, Huntington Beach 1.

Typhoid Fever.

15 cases of typhoid fever have been reported, as follows: Santa Ana 4, Orange County 3, Monterey County 4, San Francisco 2, Oakland 2.

Smallpox.

301 cases of smallpox have been reported, as follows: Los Angeles 102, Los Angeles County 47, Long Beach 29, San Bernardino 26, National City 5, Colton 8, Hermosa 6, Orange County 5, Ontario 11, Huntington Beach 14, Lassen County 1, Ventura County 2, Riverside 2, Kern County 1, Venice 1, Montebello 1, Inyo County 1, Santa Monica 2, San Francisco 2, Burbank 1, Eureka 1, San Bernardino County 4, Taft 1, Bakersfield 2, El Segundo 2, Hawthorne 2, Torrance 1, Redondo Beach 1, South Gate 1, Compton 2, Huntington Park 3, Alhambra 2, Azusa 2, Santa Barbara 2, Oakland 1, San Luis Obispo County 1, Monterey Park 2, Chino 4.

Whooping Cough.

37 cases of whooping cough have been reported, as follows: Oakland 2, Fresno 1, Fullerton 3, Orange County 4, San Francisco 3, Los Angeles County 2, Long Beach 4, Stockton 1, Venice 3, Colton 3, San Bernardino 1, Hermosa 2, Manhattan 3, Redondo 2, Mill Valley 3.

Cerebrospinal Meningitis.

Fresno reported one case of epidemic cerebrospinal meningitis.

Poliomyelitis.

Two cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 1.

Encephalitis.

San Francisco reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1923–1924				1922–1923			
	Week ending			Reports for week ending Mar. 29 received by April 1	Week ending			Reports for week ending Mar. 31 received by April 3
	Mar. 8	Mar. 15	Mar. 22		Mar. 10	Mar. 17	Mar. 24	
Anthrax	0	0	1	0	0	1	0	0
Cerebrospinal Meningitis	3	0	3	1	3	5	1	2
Chickenpox	440	587	436	384	252	231	282	162
Diphtheria	288	277	231	234	176	150	159	127
Dysentery (Bacillary)	2	0	3	0	0	2	1	0
Epidemic Encephalitis	2	1	3	1	4	8	1	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	117	151	85	78	172	65	89	142
Influenza	49	35	49	16	642	365	425	177
Leprosy	0	2	1	0	1	0	0	1
Malaria	0	4	0	2	2	2	1	1
Measles	1620	1547	1341	1231	641	680	732	599
Mumps	66	59	52	48	31	32	43	20
Pneumonia	70	79	78	67	106	100	136	122
Poliomyelitis	2	2	3	2	1	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	318	289	266	282	217	201	210	172
Smallpox	252	320	303	301	20	22	29	13
Syphilis	151	212	111	72	132	88	107	94
Tuberculosis	266	240	236	154	182	187	141	134
Typhoid Fever	77	15	198	15	6	9	2	10
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	52	41	42	37	139	159	212	130
Totals	3775	3811	3442	2925	2726	2307	2571	1942

CALIFORNIA STATE PRINTING OFFICE

30179 4-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 9 APRIL 12, 1924 GUY P. JONES EDITOR

SNAKE POISONING.

RADIO TALK NO. 3.

There are many varieties of poisonous snakes, but the only one of consequence in western states is the rattlesnake. Fortunately, this reptile generally gives a very polite but insistent warning of his dangerous presence. His rattle doesn't sound anything like a baby's toy rattle and its meaning is nothing the same. A camper or hiker who hears a noise something like an electric buzzer in the brush would better go far from that place and with great speed, unless he is wearing heavy, high boots, and knows how to kill a rattlesnake. A tenderfoot, at such a time, would better make himself decidedly scarce in that vicinity. A rattlesnake, coiled to spring upon his victim, is able to throw his body forward many feet. For this reason, distance lends great enchantment when a rattlesnake occupies the immediate foreground.

A few people in California, every year, are killed by rattlesnakes. It would seem, therefore, that every camper and hiker should know what to do in case he should be bitten by one of these deadly snakes. Every camper should carry with him a very sharp knife, razor or safety-razor blade, a small bottle of permanganate of potash crystals and a few heavy rubber bands. These articles constitute the best standard snake-bite equipment. Whiskey, in large quantities particularly, is of no use as a remedy and may be very harmful, popular opinion to the contrary notwithstanding.

When a person is bitten by a poisonous snake, he should first of all place one or more of the heavy rubber bands very tightly around the injured member and above the wound. In no case, however, should the band be left on for longer than twenty or thirty minutes. After the band is in place, two incisions at least an inch long should be made at right angles, directly across the bite. These incisions should be deeper than the penetration of the snake fangs. The wound should be bled thoroughly, suction by mouth being applied if it will aid bleeding. The would should then be washed thoroughly in a solution of permanganate of potash, using a sufficient amount of the crystals in water to make a dark wine colored solution. If no water is available, the crystals may be rubbed directly into the wound, but it is better to use a solution. This chemical destroys all snake venom with which it comes in contact. Removal of the rubber band should not be forgotten. After the application of this treatment, the victim should be taken to a physician, if possible, in order that necessary stimulants may be administered and proper antiseptic dressings applied to the wound.

In some countries where bites from poisonous snakes are common, serums have been developed for the treatment of persons bitten by such reptiles. Brazil and the Argentine Republic have established government institutions for the manufacture of such serums. The

Digitized by Google

chief difficulty encountered in the serum treatment lies in having the product available at the time and place that it may be needed. In India, between 20,000 and 25,000 deaths from snake poisoning occur annually, and in the rest of the world there are from 5000 to 10,000 such deaths annually. In California, there are from three to five deaths annually, due to snake poisoning.

Overflowing Sewage Cause for Damages.

The following from the Lamanda Park Herald shows that failure to keep sewage within bounds may be an expensive proposition:

"It will be remembered that sometime ago the city officials along with Alhambra got into the courts because they allowed the sewage waters from the sewer farm to get out of control and flooded some truck lands south of San Gabriel. The city was enjoined from allowing this water to run amuck, but the injunction failed to stop the trouble and the truck patch got another submerging. This brought the city officials into court on a contempt charge and they were fined. Now the whole matter has been settled and the city released from all damages to January 1, 1924, by the payment of $2000 to the damaged truck patch owner."

Inhaling Dusting Powder is Fatal to Babies.

Several California infants, during the past few years, have died as a result of inhaling zinc stereate powder, and the death of a Connecticut infant from the same cause is now reported by the Connecticut State Department of Health. The report reads as follows:

"Report of the death of a seven months old baby was received recently in which the cause of death was given as inhalation of stereate of zinc powder. A note was appended 'child playing with container'."

Stereate of zinc is in general use as a dusting powder for infants, and mothers and nurses sometimes allow babies to play with the can to keep them amused. The powder is dangerous because when breathed into the bronchial tubes and lungs it adheres to them and causes an inflammation which may result in bronchitis and pneumonia.

Mothers and nurses should keep such ns out of reach of young children.

Child Health Demonstration for a Western Community.

Some city or county in one of eleve far western states is to be awarded th fourth in the series of five-year chil health demonstrations conducted by th Child Health Demonstration Committee associated with the American Chil Health Association for the supervisio of the Commonwealth Fund Program.

The city or county must be betwee 20,000 and 75,000 population and b located in one of the following states Arizona, California, Colorado, Idaho Montana, Nevada, New Mexico, Oregon Utah, Washington or Wyoming.

The city or county winning the awar will be given assistance by the Chil Health Demonstration Committee i safeguarding the life and health of it mothers and children. The community in the Pacific coast or Rocky Mountai states to be awarded this five-year dem onstration will take a conspicuous plac in the national child health progra now under way.

This announcement is made by Barr C. Smith, general director of the Com monwealth Fund and chairman of th Child Health Demonstration Committee

The committee is already conducting three demonstrations: one at Fargo N. D., in the middle west, another i Rutherford County, Tennessee, in th rural areas of the south and the third in Athens, Georgia, designed to mee typical urban problems in the south.

The committee trusts that the estab lishment of a demonstration in a city o county of the far west will aid in the development of a health plan for the children of that community in a simila way. The proposed demonstration, it is hoped, may be of indirect help to those promoting the cause of child health in that entire area.

Any city or county in these states with a population between 20,000 and 75,000 will be eligible for consideration. The selection of the center will be based upon a careful review of the whole health situation and the needs of the community. But the paramount consideration in making the choice will be the sincerity of the community's desire to develop a complete and rounded child health plan for the community as a whole.

The readiness shown by citizens and public officials to assume early and increasing responsibility, financial and

Digitized by Google

otherwise, for the demonstration, will be one of the tangible evidences of the probable success of the undertaking.

The demonstration will be worked out with the utmost care. It will include all matters related to child health. The proper safeguards for both mother and child before the infant is born, at childbirth and afterwards, and follow-up care to bring the new citizen safely through his most dangerous age, will be one part of the program. The neglected period between babyhood and school age will be another. Stress will be laid upon teaching school children the necessity of being healthy in order to enjoy their games as well as to advance in their education. The development of health habits and the correction of physical defects will also be considered essentials. The community's responsibility for providing a safe supply of milk, wholesome living conditions, playgrounds and other necessities for the growth of its children are other factors which will be emphasized in the community program to build up the health of its children.

The Child Health Demonstration Committee, believing that the community itself must play a leading part in the demonstration, will direct its own efforts toward assisting rather than dictating. The physicians in the community will be looked to for guidance in the matters of health supervision and persons needing medical treatment will be referred to them. Similarly, to the teachers in the public schools and the parents will fall the real task of educating the children in health ideals and habits. Cooperation of public officials, health workers and citizens will be essential for the success of this community venture in the building of physically sound citizens. The development of initiative and self-reliance on the part of the children themselves will be a vital item.

The Child Health Demonstration Committee is a joint committee of the Commonwealth Fund, whose liberal grant makes possible this program, and of the American Child Health Association. It consists of the following: Barry C. Smith, General Director of the Commonwealth Fund, chairman; Courtenay Dinwiddie, director; Dr. Philip Van Ingen, treasurer; Miss Ella Phillips Crandall, Dr. Richard A. Bolt, Dr. Livingston Farrand, Miss Sally Lucas Jean, and Miss Barbara S. Quin.

"For a Clean State and a Healthy People."
—Connecticut State Department of Health.

New Publication on Mosquito and Malaria Control.

The California State Board of Health has just issued a new publication on "Mosquito and Malaria Control," by Louva G. Lenert, sanitary engineer in charge of mosquito control. This publication is intended for superintendents of mosquito abatement districts, health officers, sanitary engineers, sanitary inspectors and others who may be engaged in public health work. It deals with the mosquitoes of California, giving full information concerning the identification of the various species that are found within the state. It also contains valuable information concerning the control of mosquitoes outlining the approved methods of eradication. While the greater part of this informative material concerning control has to do with freshwater mosquitoes a section of the publication is devoted to the control of salt-marsh varieties. The many related problems such as "Mosquito control in the rice fields," "fish control," "Paris green control" and similar subjects are treated comprehensively. Copies of this publication, which is designated as Special Bulletin No. 44, will be sent upon request.

Many Cities Regulate Food Handlers

Santa Ana has adopted a local ordinance which requires the physical examination of all food handlers in that city. The city of Orange will also adopt a similar ordinance. Pasadena, for several years, has enforced an ordinance which requires the supervision and medical examination of food handlers. Long Beach recently adopted a similar measure, and Bakersfield has a similar ordinance under consideration.

MORBIDITY.*

Diphtheria.

207 cases of diphtheria have been reported, as follows: Los Angeles 59, San Francisco 34, Los Angeles County 8, Berkeley 10, Santa Clara County 6, Redondo 5, Sacramento 8, Oakland 21, Long Beach 6, Alameda 2, Alameda County 1, Merced 3, Taft 1, Santa Monica 1, Sonoma County 2, Fresno County 4, Sacramento County 3, Ontario 1, Santa Ana 1, Napa County 1, Gridley 3, Merced County 2, Hermosa 1, San Gabriel 1, Richmond 4, LaVerne 1, Compton 1, Hawthorne 3, El Monte 1, Alhambra 1, San Jose 4, Stockton 3, Pasadena 1, National City 2, Yolo County 1, Bakersfield 1.

*From reports received on April 7th and 8th for week ending April 5th.

Digitized by Google

Scarlet Fever.

239 cases of scarlet fever have been reported, as follows: San Francisco 50, Los Angeles 64, Los Angeles County 10, Fresno County 10, San Joaquin County 10, Manhattan 5, Oakland 13, San Jose 4, Vallejo 2, Amador County 2, San Luis Obispo County 1, Calexico 1, Pasadena 4, Santa Ana 4, Fullerton 2, Napa 2, Corona 2, Dinuba 1, Inyo County 3, Livermore 1, Alhambra 1, Merced County 4, Santa Clara County 1, Chico 1, Taft 2, Berkeley 4, Tehama County 2, La Verne 1, Redondo 1, Contra Costa County 1, Orange County 4, Compton 1, Alameda 1, Fowler 1, Pomona 1, Long Beach 1, Redlands 1, Stockton 1, Huntington Park 2, Kern County 1, Martinez 1, Stanislaus County 2, Tulare County 2, Santa Monica 1, Lodi 3, Sonoma County 2, Imperial County 1, Sacramento County 3, Merced 1.

Measles.

1106 cases of measles have been reported, as follows: Los Angeles 309, Pasadena 135, Los Angeles County 80, San Francisco 103, Riverside 56, San Jose 39, Berkeley 39, Oakland 39, Yolo County 13, San Luis Obispo County 5, Vacaville 21, Alhambra 12, Huntington Park 5, San Joaquin County 9, Glendora 18, Pomona 12, Napa 5, Corona 13, Merced County 9, Sacramento 6, Bakersfield 5, Santa Clara County 20, Chico 6, Orange County 7, Fresno County 6, Tulare County 8, Taft 7, Santa Monica 8, Blythe 5, Sonoma County 5, Lemoore 17, Long Beach 20, San Luis Obispo 4, Mountain View 4, Beverly Hills 1, Vallejo 1, Mendocino County 1, Sacramento County 1, Dinuba 2, Butte County 3, Colusa 3, Eureka 2, Alameda 2, Oakdale 2, Merced 3, Visalia 1, Stockton 4, Redondo 1, Torrance 1, Monrovia 1, Lodi 1, Monterey County 1, Siskiyou County 1, Trinity County 1, Morgan Hill 2, Stanislaus County 1, Watsonville 1, El Dorado County 3, Lindsay 3, Livingston 1, Fullerton 2, Compton 1, Hawthorne 4, Hermosa 1, Santa Ana 2, LaVerne 2.

Smallpox.

245 cases of smallpox have been reported, as follows: Los Angeles 127, Los Angeles County 43, Alhambra 5, Hermosa 7, Long Beach 10, Fullerton 5, Compton 7, Huntington Park 5, Kern County 5, National City 8, Pasadena 2, Manhattan 1, Hawthorne 3, San Luis Obispo County 1, Redondo 3, Pomona 1, Corona 1, Orange County 4, San Fernando 1, Chino 1, Eureka 1, Fresno County 2, Santa Monica 2.

Typhoid Fever.

80 cases of typhoid fever have been reported, as follows: Santa Ana 59, Orange County 10, Calexico 1, Pasadena 1, Berkeley 1, San Joaquin County 1, Orange 4, San Francisco 1, California 2.

Whooping Cough.

48 cases of whooping cough have been reported, as follows: Los Angeles 6, Pasadena 5, San Joaquin County 12, San Francisco 4, Long Beach 7, Hermosa 1, Alhambra 1, Los Angeles County 3, Santa Ana 2, Alameda 4, Oakland 3.

Cerebrospinal Meningitis.

San Francisco reported four cases of cerebrospinal meningitis.

Epidemic Encephalitis.

4 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Berkeley 1, Oakland 1, Sonoma County 1.

Typhus Fever.

Los Angeles reported one case of typhus fever.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1923–1924				1922–1923			
	Week ending			Reports for week ending April 5 received by April 8	Week ending			Reports for week ending April 7 received by April 10
	Mar. 15	Mar. 22	Mar. 29		Mar. 17	Mar. 24	Mar. 31	
Anthrax	0	1	0	0	1	0	0	0
Cerebrospinal Meningitis	0	3	1	4	5	1	2	3
Chickenpox	537	436	435	384	231	282	192	268
Diphtheria	277	230	253	207	150	159	141	137
Dysentery (Bacillary)	0	3	0	0	2	1	0	4
Epidemic Encephalitis	1	3	1	4	8	1	3	6
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	151	85	72	150	65	89	138	101
Influenza	35	49	19	19	365	425	238	131
Leprosy	2	1	0	1	0	0	1	1
Malaria	4	0	4	0	2	1	1	0
Measles	1546	1344	1505	1106	680	732	813	944
Mumps	59	52	56	78	32	43	21	30
Pneumonia	79	77	74	62	100	136	122	66
Poliomyelitis	2	3	2	0	0	0	0	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	289	266	297	239	201	210	173	184
Smallpox	320	304	324	245	22	29	13	34
Syphilis	212	111	95	155	88	107	107	133
Tuberculosis	240	236	167	151	187	141	155	153
Typhoid Fever	15	198	16	80	9	2	10	9
Typhus Fever	1	0	0	1	0	1	0	0
Whooping Cough	41	42	45	48	159	212	214	164
Totals	3810	3444	3366	2934	2307	2671	2344	2369

CALIFORNIA STATE PRINTING OFFICE

80179 4-24 3500

O

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 10 APRIL 19, 1924 GUY P. JONES EDITOR

What About Smallpox?

The week of April 6–12, 1924, brought the highest number of smallpox cases ever reported in California during a single week—399 cases. This is more cases than were reported during any one of the years 1915, 1916 or 1917. The morbidity data published on the last page of this issue of the bulletin show the distribution of the cases as reported. Since the first of January, 1924, there have been 4758 cases of smallpox reported in California. This means that during the first fifteen weeks of this year more cases of smallpox have been reported than have ever been reported during any single year, with the exception of the year 1921.

The necessity for universal vaccination against smallpox in every community is too well known for further comment here. In order to secure thoroughly well vaccinated communities health officers, physicians, nurses and many others must preach the virtues of this procedure over and over again. In communities where there is organized continuous opposition to vaccination against smallpox it is difficult to convince persons of the certain advantage in the sure protection that vaccination affords. Perhaps the presence of an outbreak of the disease among the unvaccinated of a community constitutes the best argument in favor of vaccination, but it costs lots of money.

It would be interesting to know how extensive may be the financial losses occasioned by these 4758 cases of smallpox that have occurred in California during the past fifteen weeks. There is no way of determining the extent of these losses but they must amount to several hundreds of thousands of dollars. Since vaccination is not compulsory, these losses will increase rather than diminish as the outbreak continues to progress. Vaccination costs a few cents. Smallpox costs many dollars.

The following table shows the number of cases and deaths from smallpox in California by years, since 1912:

Year	Cases	Deaths
1913	800	15
1914	677	1
1915	336	3
1916	234	12
1917	329	13
1918	1069	3
1919	2002	5
1920	4486	4
1921	5581	19
1922	2129	20
1923	2025	1
1924 (to April 12th)	4758	7*

*Incomplete.

"The people who have used milk and its products liberally are the people who have achieved, who have become large, strong, vigorous people, who have reduced their infant mortality, who have the best trades in the world, who have an appreciation for art, literature and music, who are progressive in science, and in every activity of the human intellect."—E. V. McCollum.

Digitized by Google

Social Control of the Feeble-minded.

The National Committee for Mental Hygiene has recently published a book by Stanley P. Davies on "Social Control of the Feeble-minded." The problem of mental deficiency is a medical and public health problem and the present views upon the subject as presented in this volume are clearly and adequately stated and in a manner that appeals to health officers.

In California as well as in other states the number of mentally defective individuals in the general population is so large that institutional care for more than a very few of them is entirely out of the question.

Health officers and public health nurses are continually meeting with serious health problems made more aggravating for the reason that they are associated with the mentally deficient. "Social Control of the Feeble-minded" is valuable for the reason that it outlines the more recent trends of thought and measures of control indicating what a modern program for the care of the mentally deficient should comprise.

"For too long a time the attitude of the sick towards relief has been to wait until the disease was perfectly evident before calling in the physician. * * * Experience has shown that the regular periodic examination of an engine is necessary to keep it in full service. Such periodic examinations in apparently healthy persons are just as important. They are designed to detect the early evidences of some disorder before pain, inconvenience, anxiety, worry and interference with work have compelled the seeking of medical advice. In such instances we have the opportunity of protecting the body before actual disease has taken place. Without such examination we usually must treat established changes in the body in the hope that they can be relieved."—Ray Lyman Wilbur, M.D.

An old adage says: "The health of a nation is its highest and best asset." This is true in every sense; in war and in peace; in economic, intellectual, and social life. Many a battle has been lost because of the prevalence of an epidemic among soldiers. Extensive areas of fertile land have remained untilled on account of malaria, yellow fever, dysentery, and other infectious diseases. Disease is the greatest factor in the causation of poverty, in the continuance of ignorance and superstition, and in moral depravity. Moreover, it is not sufficient that a nation be healthy, wealthy and wise in spots or in certain groups of its citizens; these blessings should be extended as far as possible to all.—Victor C. Vaughan, M.D.

Soft Drinks Must Be Pure and Clean.

Most soft drinks that are offered for sale consist of an imitation fruit syrup, harmless coloring material and carbonated water. The food laws require that if imitation flavors and colors are used in their manufacture, the fact must be declared on the label. Most manufacturers of such products comply with the food laws and consumers are satisfied, apparently, with the drinks offered for sale. This is shown in the sales records, for no less than $500,000,000 is spent annually in the United States for soft drinks. The fact that most of these beverages contain little or no fruit does not seem to affect their sale. Hot, thirsty patrons are appeased if their soft drinks are cold, sweet and palatable.

The State Board of Health insists that the required standards for these beverages be upheld and that harmful coloring materials, injurious dyes and saccharine be entirely eliminated in their manufacture. Furthermore, the board insists that they be produced in the most sanitary manner possible in bottling plants that are kept scrupulously clean. Water used in the manufacture of beverages must be absolutely pure and the bottles in which the beverages are placed must be thoroughly sterilized before they are filled. Unfortunately, these containers are used for many purposes other than that for which they are intended. Almost every garage has an old "soda pop" bottle holding a small quantity of oil, grease or gasoline. Junk dealers make small fortunes collecting these old bottles and selling them to soft drink manufacturers. If old bottles are sterilized and washed thoroughly they may be used for bottling purposes, but in no case can the use of dirty containers be permitted.

Furthermore, bottling machinery and utensils used in the manufacture of soft drinks as well as the plant itself and its employees must be kept in absolutely clean and sanitary condition. Flies and other insects must be kept out of bottling plants and measures for the eradication of rats must be adopted. Foul smelling, rotting wooden floors and dilapidated dirty buildings must give way to light, clean, airy buildings with floors so constructed as to be impervious to water.

Digitized by Google

Now that the soft drink season is about to begin the State Board of Health announces that strict sanitary supervision over all beverage bottling plants will be maintained and that every effort will be made to have all soft drinks offered for sale in California comply fully not only with the required standards for materials used in their manufacture but also with the equally important standards of cleanliness, purity and sanitation.

Health Officers Do Good Team Work.

Dr. S. L. Rea, health officer of Mendocino County, and Dr. L. K. Van Allen, health officer of Ukiah, have adopted the practice of working together in conducting campaigns for the immunization against smallpox and diphtheria of the residents of both city and county. A written notice each year is sent to the parents of every unvaccinated school child, asking that the child be taken to the family physician for vaccination or permit the health officer to vaccinate at no expense to the parents. These two health officers recently administered toxin antitoxin to 651 individuals residing in Ukiah and vicinity. Cooperation between public-spirited health officers produces results.

"Our aim is to keep every child in school every day. This can be done only by the cooperation of the school and the home. We aim to keep contagious diseases out of the schools and do not allow children who are ill with these diseases to come to school."—F. W. Hodgdon, Jr., M.D., Health Officer, Pasadena.

Discovery in the art of preserving and of strengthening health remains barren and fruitless unless it can be utilized. The discovery that malaria is distributed by a certain species of mosquito was without benefit in malarious lands until it was practically applied, and without the cooperation of the people its full utilization remains impossible. The same is true of other medical discoveries. Diphtheria antitoxin is of no value to the mother who neglects a sore throat in her child until it is too late; and there are thousands of mothers in this country today mourning the loss of one or more children whose death was due to ignorance. In a certain state the supreme court decided that the vaccination of school children against smallpox could not be made compulsory except in the presence of an epidemic of this disease. The result was that there grew up in that state within a few years a large population susceptible to this disease. Epidemics came, business was crippled, thousands of persons were ill, many died—all because of the ignorance of the judges of its supreme court. The high as well as the low need instruction in the nature of disease and its prevention.—Victor C. Vaughan, M.D.

Index for Weekly Bulletin Available.

A printed index for the second volume of the Weekly Bulletin is ready for distribution to readers who may desire it. A few copies of the index for the first volume are also available.

We can give our health departments the powers which they need, we can furnish them with the funds which they require, but we shall never secure a maximum of results unless the whole campaign is directed with expert knowledge, with integrity and with enthusiasm. If the health officer possesses these qualities he will succeed and his success will be fraught with rich blessings for the community under his charge. If he is an untrained man, or a mediocre man, we shall always fall short of those achievements which modern science has placed within our grasp. The recruitment of leaders, of sound training and high natural capacity, is the crux of the public health movement of the present day.—Dr. C. E. A. Winslow.

The community wants preventive medicine, the individual wants preventive medicine; but preventive medicine as a reality and not a pious phrase, can come only as the result of a new vision and a new ideal within the walls of the medical school.—Dr. C. E. A. Winslow.

MORBIDITY.*

Diphtheria.

227 cases of diphtheria have been reported, as follows: Los Angeles 65, San Francisco 45, Los Angeles County 14, Long Beach 10, Redondo 5, Oakland 25, Burbank 1, Santa Maria 2, San Jose 2, Orange County 3, Manhattan 2, Santa Rosa 4, Merced County 2, Glendale 1, Berkeley 4, Stockton 1, Modoc County 1, Orange 1, Huntington Park 1, Alameda County 1, Tulare County 1, Alhambra 1, Pasadena 1, San Joaquin County 2, Fresno County 2, Kern County 1, Modesto 2, Torrance 1, Sacramento 2, South Gate 1, San Gabriel 3, El Monte 1, Colton 1, Whittier 1, Watsonville 1, Salinas 1, Alameda 2, Santa Monica 2, Monterey County 2, Rialto 4, Oxnard 1, Santa Paula 2, San Bernardino 1, Mendocino County 1.

Scarlet Fever.

236 cases of scarlet fever have been reported, as follows: Los Angeles 64, Los Angeles County 16, San Francisco 30, Del Norte County 11, Riverside 11, Compton 5, Pasadena 7, San Bernardino County 8, Oakland 13, San Bernardino 1, Tulare County 2, Alameda 3, Sierra Madre 1, Visalia 3, San Joaquin County 4, Fresno County 4, Santa Clara County 2, Glendale 2, Solano County 4, Lodi 1, Holtville 2, Lassen County 1, Kern County 5, Berkeley 4, Stockton 2, Sacramento 2, San Jose 2, Merced 1, Santa Cruz 1, Whittier 3, Manhattan 3, Hawthorne 2, Burbank 2, Ventura County 1, El Dorado County 1, Humboldt County 1, Santa Barbara County 1, Orange County 2, Santa Ana 1, Modesto 1, Santa Rosa 1, Orange 1, Chico 1, Arcadia 1, Santa Barbara 2.

*From reports received on April 14th and 15th for week ending April 12th.

Digitized by Google

Measles.

1468 cases of measles have been reported, as follows: Los Angeles 428, Pasadena 153, Los Angeles County 150, San Francisco 82, Alhambra 69, Glendora 43, Long Beach 30, San Fernando 27, Lemoore 26, Tulare County 13, San Joaquin County 11, Taft 5, Orange County 12, Glendale 36, Placer County 10, San Jose 24, San Bernardino County 8, Santa Monica 7, Whittier 11, Pomona 7, Hawthorne 8, Corona 9, Fresno County 11, Santa Clara County 15, Riverside 25, Colton 8, Sacramento 8, Mountain View 9, Stockton 8, Modesto 5, Mill Valley 12, Rialto 5, Berkeley 19, Huntington Park 5, Santa Barbara 9, Oakland 38, Mendocino County 11, San Bernardino 11, Compton 4, Monterey Park 1, San Luis Obispo 3, Lassen County 4, Ontario 1, Gridley 1, Butte County 2, Visalia 3, Fullerton 1, Redondo 1, Manhattan 1, Hermosa 3, Oroville 1, Napa County 2, Colusa 4, Colusa County 1, Solano County 2, Hanford 2, Palo Alto 1, Torrance 1, Alameda 3, Eureka 2, Siskiyou County 2, Redlands 1, Chico 4, Sutter County 4, El Monte 3, Monrovia 1, Alameda County 3, Humboldt County 3, Merced 1, Vacaville 2, Selma 1, Beverly Hills 1, Lynwood 2, Colfax 2, Cloverdale 1, Yuba County 3, Plumas County 2, Lindsay 3, Holtville 2, Calaveras County 1, Livingston 1, Gilroy 1, Williams 1, Kern County 2, Orange 2, Merced County 2, Stanislaus County 2, Oxnard 1, Arcadia 2.

Smallpox.

399 cases of smallpox have been reported, as follows: Los Angeles 163, Los Angeles County 76, Corona 12, Redondo 8, Long Beach 18, Kern County 5, Santa Monica 6, Hermosa 5, Burbank 9, National City 5, Taft 7, Orange County 16, Compton 9, Alhambra 6, San Bernardino 15, Pasadena 3, Monterey County 1, Redlands 3, Calaveras County 2, Fullerton 4, Colton 1, Monterey Park 1, Pomona 1, Kern County 1, Monrovia 2, Huntington Park 2, Chino 3, Modesto 1, Stanislaus County 2, Glendale 1, Corona 1, Covina 1, Imperial County 1, South Gate 1, San Bernardino County 2, San Gabriel 1, Huntington Beach 3, Oakland 1.

Typhoid.

18 cases of typhoid have been reported, as follows: Santa Ana 8, San Joaquin County 1, Orange County 2, Berkeley 1, Long Beach 1, Richmond 1, Los Angeles 1, Marysville 1, Oakland 1, California 1.

Whooping Cough.

51 cases of whooping cough have been reported, as follows: Oakland 6, San Francisco 5, Long Beach 5, Los Angeles County 7, Los Angeles 6, Orange County 5, Pasadena 2, Stockton 4, Santa Clara County 1, Sierra Madre 2, Chico 2, Torrance 1, Hermosa 3, Santa Ana 1, Glendale 1.

Epidemic Meningitis.

Bakersfield reported one case of epidemic meningitis.

Poliomyelitis.

Redlands reported one case of poliomyelitis.

Leprosy.

Los Angeles reported one case of leprosy.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1923–1924				1922–1923			
	Week ending			Reports for week ending April 12 received by April 15	Week ending			Reports for week ending April 14 received by April 17
	Mar. 22	Mar. 29	April 5		Mar. 24	Mar. 31	April 7	
Anthrax	1	0	1	0	0	0	0	0
Cerebrospinal Meningitis	3	1	6	1	1	2	4	5
Chickenpox	436	435	437	415	282	192	301	282
Diphtheria	230	253	216	227	159	141	158	155
Dysentery (Bacillary)	3	0	5	0	1	0	4	2
Epidemic Encephalitis	3	1	7	0	1	3	7	5
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	85	72	159	101	89	138	114	119
Influenza	49	19	26	32	425	238	211	63
Leprosy	1	0	0	1	0	1	1	0
Malaria	0	4	0	1	1	1	0	4
Measles	1344	1506	1296	1468	732	813	1113	726
Mumps	52	56	85	67	43	21	34	38
Pneumonia	77	74	156	82	136	122	67	45
Poliomyelitis	3	2	2	1	0	0	1	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	266	297	278	236	210	173	216	130
Smallpox	304	324	280	399	29	13	34	28
Syphilis	111	95	155	125	107	107	146	103
Tuberculosis	236	167	179	270	141	155	188	132
Typhoid Fever	198	16	83	18	2	10	7	7
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	42	45	59	51	212	214	220	147
Totals	3444	3367	3430	3495	2571	2344	2836	1988

CALIFORNIA STATE PRINTING OFFICE

30179 4-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 11 APRIL 26, 1924 GUY P. JONES EDITOR

Some Good Comes From Hoof and Mouth Disease.

The aphorism that good frequently comes of evil would seem to hold true with regard to the effect of the present hoof and mouth epidemic in animals upon public health administration in California. In the first place, the restrictions placed upon the movement of dogs is a direct factor in the control of rabies. If these restrictions are enforced for a period of six months it is reasonable to believe that rabies will be brought under control in California. This disease is spread almost entirely by dogs and since the hoof and mouth disease regulations prohibit the movement of dogs from place to place, many new infections will be prevented. Rabies, in the history of California, has never been more prevalent than during the past year and if the present restrictions lessen the prevalence of the disease an infinite good will result, not only to stockmen who have carried heavy financial losses because of rabies, but also to large numbers of human beings who have suffered physically, mentally and financially from the inroads of this preventable disease.

The educational benefit derived from the enforcement of hoof and mouth disease regulations lies in the information gained by the great mass of the population concerning the importance of the carrier in the transmission of communicable diseases. A bulletin issued by the California Dairy Council indicates how effectively this importance of the carrier is stressed. It reads, in part, as follows:

AT LEAST SEVENTY-FIVE PER CENT OF THE PRESENT INFECTIONS have been spread by human beings moving from place to place. It will be impossible to prevent the movement of people. It is not impossible for a live stock owner to keep them off his property. If anyone must come on his property, and this includes himself or his own people if they have been off his property, that one should be disinfected as carefully and thoroughly as if it was certain that he carried the disease BECAUSE NO ONE CAN TELL, UNTIL IT IS TOO LATE, WHO IS OR IS NOT CARRYING IT."

If the agriculturist becomes convinced of the part that the carrier plays in the transmission of communicable diseases in animals, he can readily perceive the even greater role that carriers play in the spread of communicable diseases among human beings. Teaching the public the role of the carrier and controlling rabies by the hoof and mouth route constitute expensive procedures, but these factors seem to be the only optimistic rays in the present clouded animal industry situation.

Turlock Starts War Against Diphtheria.

Dr. C. E. Pearson, city health officer of Turlock, has made arrangements with the board of city trustees by which a quantity of toxin antitoxin has been provided for the purpose of immunizing the children of Turlock against diphtheria. Toxin antitoxin is supplied free of charge and is administered by physicians at a cost of $3 for each individual.

Digitized by Google

Public Health Summer School in Berkeley June 23 to August 2.

The University of California has received no less than five hundred inquiries concerning the public health summer school to be conducted in Berkeley June 23d to August 2d under cooperative arrangement between the University of California and the United States Public Health Service. Three similar schools are to be conducted during the summer at the universities of Iowa and Michigan and also at Columbia University. It is hoped that a large number of health officers will be able to attend the session at Berkeley.

Among the courses that will be of particular interest to health officers are those to be conducted by Dr. Alvin Powell, director of the Alameda County Health Center. He will give two courses, one upon the management of health centers, the application of social service in hospitals and clinics and the functions of consultation clinics. His other course will deal with clinics in preventive medicine, with special reference to the preventive aspects of heart diseases, venereal diseases, tuberculosis, cancer and diabetes.

Prof. Ivan C. Hall of the Department of Bacteriology will give a course in infection and immunity. This course will include "a study of the mechanism by which micro-organisms cause disease and by which the animal body resists disease; the carrier problem; preparation of bacterial toxins and their action upon animals; the nature, methods of preparation, and uses of vaccines, tuberculins, and antiserums, including antitoxins; the immunity reactions, including the Schick, tuberculin, fixation (Wassermann), agglutination (Widal), and precipitin tests."

Courses in school hygiene and child welfare will be given by Dr. Richard A. Bolt of the Child Health Association, Washington, D. C.

Courses in epidemiology, health education, social hygiene, nutrition, mental hygiene, and many other public health subjects will be provided.

A dairy cow is more to this state than an animal. It is a factory. Every dairy cow destroyed, is a factory destroyed—a factory that should be producing wealth and health. Money will not replace them. They must be built again.—Sam H. Greene, Secretary, California Dairy Council.

University Will Hold Institute for Public Health Nurses.

The third annual institute for public health nurses to be given by the University of California will be held in Berkeley during the period July 14 to 25, 1924. Nurses who have had at least one year of experience in public health work will be eligible for attending the institute. The program is being prepared and will be announced in a short time.

During the past years these institutes have been well attended and the session this year should benefit by a larger attendance than heretofore because of the fact that it will run for two weeks concurrently with the public health summer session given jointly by the United States Public Health Service and the University of California. It is planned to give the courses during the afternoon hours only, in order that nurses may be free to visit clinics, and accomplish other field work, if desired, during the forenoon hours.

Large Number of Nurses Renew Their Certificates.

The Bureau of Registration of Nurses of the California State Board of Health has completed its list of registration renewals for the current year. There are now 4713 nurses in California who are duly registered, as required by law. It is hoped that all public health nurses have renewed their certificate of registration, as they lose their first eligibility as public health nurse if they are not registered. The list of nurses who are registered in California, which has heretofore been printed annually, will not be published this year.

Many Contra Costa Children Are Immunized.

Dr. Chas. R. Blake, health officer of Contra Costa County, has reported that no less than 2151 children in his county have been immunized against diphtheria recently. He states that 1264 of these children live in Richmond, 246 in Crockett, 210 in Rodeo, 145 in Walnut Creek and the remainder in Nichols, San Pablo, Danville, San Ramon, Alamo, Green Valley and Sycamore.

Digitized by Google

Tragedy of Race is Not Death, But Disease.

The Santa Ana *Register*, under date of April 18th, published an editorial entitled "Our Duty to Keep Well." The sound reasoning and the excellent presentation of the subject make this editorial of general interest. It reads, in part, as follows:

"A community can commit no greater civic crime than to fail to foster and promote every legitimate public health service; and the individual who refuses or fails to cooperate in any properly sponsored scientific public health plan or purpose commits a crime against his own family and against humanity at large.

For the great tragedy of the human race is not death, but disease. Ill health, suffering—mental and physical—sooner or later cast their shadow over almost every hearthstone in the land.

And the human race should not be thus afflicted; for all disease, except senility, is preventable. When we learn to live right, AND DO SO, we shall no longer be subject to illness. And to live right means spiritual as well as physical salvation.

To live right means to eat and drink right, to work and play and rest right, to sleep and wake and walk right, to breathe and stand and sit right; not to worry, not to get angry, not to be afraid; to be honest and sincere, to love and be loved, to serve and be served. And the chief cornerstone of the arch of right living, physical as well as spiritual, is to realize that no man liveth to himself alone.

Next to right living as a preventative of disease comes true sanitary and hygienic science and the artificial administration of their laws, the physical and mechanical inculcation of their principles, so to speak.

Stress is laid upon the prevention of disease, for therein lies the hope of humanity for physical freedom—freedom from the slavery of suffering. But we should not be unmindful of or minimize the importance of curative measures. As individuals and as families and as communities, when we are sick, we should struggle and strive with all our might AND WILL to win back to perfect health. Both in the prevention and the cure of disease the public health service is of incalculable value. We should not only avail ourselves of its assistance—given without money and without price—but we should give it intelligent, active, loyal and efficient moral support and cooperation.

When we consider the economic loss involved in the long continued ill health of one member of a family—the actual cost of doctoring, nurses, hospitals and the loss caused by lack of vitality to do the things one would like to do; when we consider the actual economic loss in any community in which there may be a few score or a few hundreds of men and women who are cut off from earning their own livings or from assisting in the maintenance of homes or from taking part in civic affairs; when we consider all these aspects of acute sickness and chronic ill-health we get an appreciation of the high value to be placed upon any organized effort for the betterment of health—for the prevention of disease."

Modesto Extends Its Diphtheria Immunizations.

The city council of Modesto has provided sufficient toxin antitoxin for the immunization of 500 children. The council, a few weeks ago, provided toxin antitoxin for the immunization of 1000 children. Dr. J. W. Morgan, city health officer, has been very active in carrying on the program for reducing the prevalence of diphtheria in his community. The city provides the toxin antitoxin free of charge. The administration of the product is done in all cases by the family physician at moderate cost.

MORBIDITY.*

Measles.

1078 cases of measles have been reported, as follows: Los Angeles 271, Los Angeles County 129, San Francisco 78, Glendora 49, Alhambra 20, Orange County 29, Berkeley 28, Santa Clara County 6, San Jose 17, Oakland 26, Blythe 21, Long Beach 26, San Fernando 7, Huntington Park 6, Lemoore 15, Sacramento 9, Whittier 7, Santa Barbara 5, San Bernardino 6, Napa 6, Siskiyou County 10, Mountain View 5, Corona 8, Fresno County 24, Riverside 20, San Bernardino County 6, Beaumont 7, Compton 6, Pasadena 119, Lindsay 9, Kern County 14, Walnut Creek 1, Sutter County 1, Solano County 4, Palo Alto 1, Vacaville 3, Stockton 2, Pacific Grove 1, Pomona 1, Alameda County 4, Bakersfield 1, Dinuba 3, Ukiah 1, Merced 1, Hawthorne 4, Manhattan 1, Watsonville 2, Burbank 1, San Joaquin County 3, Venice 2, Santa Monica 4, Trinity County 3, Chico 2, Mill Valley 1, Fullerton 2, Gridley 3, Coronado 1, San Luis Obispo County 2, Yuba City 1, Morgan Hill 1, La Mesa 1, Burlingame 1, Redlands 1, Stanislaus County 1,

*From reports received on April 21st and 22d for week ending April 19th.

Digitized by Google

Alameda 3, Calaveras County 2, Lassen County 3, Colusa 1, Colton 4, Anaheim 1, Ontario 1, Calexico 1, Torrance 1, Merced County 1, Calipatria 1, Gilroy 2, El Dorado County 2, Lynwood 4.

Diphtheria.

202 cases of diphtheria have been reported, as follows: Los Angeles 48, San Francisco 42, Oakland 21, Los Angeles County 15, Berkeley 10, Long Beach 12, Torrance 2, Redondo 2, Alameda 2, Oroville 1, Whittier 2, Richmond 4, Sacramento 2, Mountain View 1, San Mateo County 1, Fresno County 1, San Joaquin County 2, Stanislaus County 1, Santa Rosa 1, Larkspur 1, Turlock 1, Watsonville 2, Kings County 1, Burbank 2, Merced County 1, Fillmore 1, Alameda County 5, Lassen County 1, San Luis Obispo County 1, Amador County 4, Santa Clara County 1, Alhambra 2, Hawthorne 1, Ontario 1, El Monte 1, Bakersfield 2, San Leandro 1, El Cerrito 1, Kern County 1, Pasadena 1.

Scarlet Fever.

189 cases of scarlet fever have been reported, as follows: Los Angeles 56, San Francisco 35, Oakland 9, Santa Clara County 7, San Joaquin County 7, Berkeley 5, Los Angeles County 7, Fresno County 8, Watsonville 1, Sebastopol 2, Elsinore 2, San Bernardino County 1, Burbank 1, Burlingame 1, Santa Barbara 1, Sacramento 2, Alameda 1, Pomona 2, El Segundo 1, La Verne 1, San Jose 1, Long Beach 2, Calexico 1, Manhattan 1, El Cerrito 1, Fullerton 1, Tehama County 2, Amador County 1, Orange County 2, Merced 3, San Bernardino 1, Alhambra 1, Calaveras County 1, Bakersfield 1, Napa 3, Huntington Park 2, Imperial County 3, Riverside 1, Anaheim 1, Stanislaus County 1, Corona 1, Mountain View 1, Dinuba 1, Kings County 2, Pasadena 3, Kern County 1.

Smallpox.

351 cases of smallpox have been reported, as follows: Los Angeles 107, Los Angeles County 52, Orange County 45, National City 7, Burbank 11, San Gabriel 5, Long Beach 16, Merced County 7, Compton 6, Hermosa 5, Ontario 16, San Bernardino 8, San Bernardino County 11, Kern County 7, Exeter 4, Redondo 2, Manhattan 3, Torrance 1, Santa Monica 2, Watts 3, Pomona 4, Hawthorne 3, Venice 1, Orange County 2, Stanislaus County 3, Bakersfield 1, Riverside 2, Fullerton 3, Ventura County 3, Chico 1, Anaheim 1, San Francisco 2, Colton 1, Oakland 1, Taft 1, Monterey County 1, Solano County 1, Culver City 1, Kings County 1.

Typhoid.

13 cases of typhoid fever have been reported, as follows: Tuolumne County 1, Riverside County 2, San Joaquin County 3, Orange County 2, Sacramento 1, Los Angeles 1, San Gabriel 1, Santa Ana 1, Montebello 1.

Whooping Cough.

30 cases of whooping cough have been reported, as follows: Oakland 8, Los Angeles County 8, Alhambra 1, Anaheim 1, Long Beach 1, San Joaquin County 4, Orange County 4, Los Angeles 2, Pasadena 1.

Poliomyelitis.

Oakland reported 1 case of poliomyelitis.

Epidemic Encephalitis.

5 cases of epidemic encephalitis have been reported, as follows: Los Angeles 2, San Francisco 3.

Rocky Mountain Spotted Fever.

Lassen County reported two cases of Rocky Mountain Spotted Fever.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending April 19 received by April 22	Week ending			Reports for week ending April 21 received by April 24
	Mar. 29	April 9	April 12		Mar. 31	April 7	April 14	
Anthrax	0	1	0	0	0	0	0	0
Cerebrospinal Meningitis	1	6	2	1	2	4	6	4
Chickenpox	435	437	451	344	192	301	330	281
Diphtheria	253	216	243	202	141	158	172	136
Dysentery (Bacillary)	0	4	0	0	0	4	2	2
Epidemic Encephalitis	1	7	0	5	3	7	4	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	72	159	105	58	138	114	127	67
Influenza	19	26	33	16	238	211	105	108
Leprosy	0	0	1	0	1	1	1	0
Malaria	4	0	3	0	1	0	4	7
Measles	1506	1298	1671	1078	813	1113	1014	947
Mumps	56	86	69	62	21	34	39	18
Pneumonia	74	156	90	54	122	67	61	81
Poliomyelitis	2	2	1	1	0	1	1	0
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	2	0	1	0	0
Scarlet Fever	297	278	268	189	173	216	143	153
Smallpox	324	280	412	351	13	34	49	6
Syphilis	95	155	125	97	107	146	104	80
Tuberculosis	167	179	278	165	155	188	151	214
Typhoid Fever	16	83	19	13	10	7	9	7
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	45	59	57	30	214	220	209	126
Totals	3367	3432	3828	2668	2344	2827	2531	2241

30179 4-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 12 MAY 3, 1924 GUY P. JONES EDITOR

Rocky Mountain Spotted Fever Cases Reported.

Two cases of Rocky Mountain Spotted Fever have been reported, recently, in the northeastern part of California, where the disease is endemic. It is also endemic in Colorado, Idaho, Montana, Nevada, Utah, Oregon and Wyoming. It has been found in South Dakota, Washington and British Columbia. The disease is transmitted by wood-ticks and occurs during the spring and early summer. Preventive measures lie, chiefly, in those that have to do with the control of wood-ticks—disinfestation of domestic animals, clearing and cultivation of land, destruction of brush, etc.

A vaccine for Rocky Mountain Spotted Fever has been developed recently by Dr. Noguchi of the Rockefeller Foundation. This vaccine is available in Montana for any resident who wishes to be vaccinated against the disease.

The United States Public Health Service is conducting investigations into the disease at the service laboratory in Hamilton, Montana. It has been determined here, that tuleraemia may be transmitted by the wood-tick, in addition to Rocky Mountain Spotted Fever and "tick paralysis." These investigations will be continued during the spring and summer.

"He spent his health to get his wealth
And then by might and main
He turned around and spent his wealth
To get his health again."

Facts About Measles Worth Remembering.

Five facts that everyone should know about measles are reprinted here from Hygeia:

1. The disease is highly contagious, perhaps even more than is smallpox, requiring only that a susceptible person come into the same room with a measles patient; resisting ordinary methods of control by isolation, and stopping only when no nonimmune person is exposed.

2. It is confined to childhood simply because most adults have once had the disease. This is especially true in cities where the chances for exposure are greater.

3. It is, when well cared for, rarely fatal, but when inadequately treated measles may rank in its fatality among the greatest plagues of the world.

4. Pneumonia is the most common disease following measles and such pneumonia cases are more fatal than other pneumonias.

5. Freedom from measles is claimed to lengthen life.

The Detroit Department of Health says:

"There are nearly 100,000 more persons immune to smallpox in Detroit today than there were a few months ago.

Of this number, approximately 1000 are immune because they have had smallpox. The rest are immune because they have had successful vaccinations.

It takes five minutes to be vaccinated; it takes some twenty odd days to get over a case of smallpox.

How will you have your immunity—along with the day's work; or at the expense of at least three weeks loss of time?"

Digitized by Google

Scarlet Fever May be Brought Under Control.

Progress in the scientific study of scarlet fever, during the past few months, has brought outstanding results. It would appear that this disease, with its disastrous, life-long after-effects, is about to be brought under control. Not only has an antitoxin for the treatment of the disease been developed, but a diagnostic test, comparable to the Schick test for diphtheria, has also been devised and now finally active immunization against scarlet fever has been established. The *streptococcus* has long been recognized as a possible factor in the production of scarlet fever, but it is only the recent investigations of Drs. Dick and Dick of Chicago, that have furnished conclusive evidence against the *streptococcus hemolyticus* as the causative agent of this disease. These physicians have also developed the immunity test, which is likely to become known as the Dick test. Furthermore, their word has been confirmed in laboratories all over the United States.

The importance of these discoveries can not be overlooked and health officers may look forward, with reasonable assurance, to the time when they may exercise as direct methods in the control of scarlet fever as they now exercise in the control of diphtheria. This point of view may be a trifle too optimistic, at the present stage of the investigations, but it can be said at least, that the work of these Chicago physicians promises to establish new and better methods in the diagnosis, treatment and prevention of scarlet fever.

Medicine has become one of the important wheels in the machinery of human progress, and it would be well for all to know something of its function. Interrupt our national quarantine, and within a few years plague, Asiatic cholera, typhus fever, and other infectious diseases which we have banished and continue to exclude would be taking heavy toll from the lives of our citizens. Permit the growth of large numbers unprotected by vaccination against smallpox, and faces scarred by this disease will be as common among us as they were in the streets of London before the time of Jenner. Let our cities neglect their water supplies, and typhoid fever, now almost moribund, will soon be filling our hospitals and cemeteries. Fail to provide hospitals for infectious diseases, and diphtheria, scarlet fever, and similar diseases will soon recover their old vigor and give an upward turn to the curves of death rates and shorten the average duration of life.—Victor C. Vaughan, M.D.

Foot and Mouth Disease Unusual in Human Beings.

In some parts of California, people are apprehensive concerning the liability of human beings in contracting foot and mouth disease. In order to counteract these fears health officers may use to advantage the statement of Dr. U. G. Houck of the United States Department of Agriculture, in charge of control measures against foot and mouth disease in California. It reads as follows:

"Human beings have never been known to my positive knowledge to contract the foot and mouth disease during its outbreaks in the United States.

"I do not apprehend any danger whatsoever that citizens of California or other states will contract the disease, for it has never happened so far as I know in any outbreak, although milk from herds in which the disease was found had been used by the families of the owners before the disease was detected.

"While human beings are carriers of the infection, this applies almost entirely to those who come in contact with diseased stock such as farm hands and people from infected farms. Ninety per cent of the spread of the disease is due to human carriers, and practically all of these human carriers are persons from farms where the disease exists or had been recently. The average city dweller or motor tourist should not be regarded a carrier.

"All meats, dairy products, fruit and vegetables in public markets may be considered absolutely safe. The public may be assured that a careful inspection of all animals and animal products being used for public consumption is being made by state and federal inspectors, and all meats on sale have been inspected both before and after slaughter."

"Thinking is the most hygienic, the most helpful and the most happy thing in life if done in the right direction, but if done to the exclusion of physical exercise, the body will soon stagger and the reason reel."—Elbert Hubbard.

"There are many things that can not be measured by a statistician, which makes for health, welfare and happiness of a community, county or city which has a good health administration."—Matthias Nicoll, M.D., Health Commissioner, State of New York.

Digitized by Google

Poison Oak.

RADIO TALK NO. 4.

Poison oak causes one of the greatest physical discomforts incidental to camping and outdoor life in western states. Many other plants belonging to the same family are capable of producing similar skin irritations, but poison oak grows only in the western part of the United States. It is commonly found as a low growing shrub, but sometimes it attains a height of eight or ten feet. The sticky sap from poison oak, when it comes into contact with the skin of a susceptible person causes an exceedingly intense irritation. Some people are very much more susceptible than others, but the resin-like sap from the plant must come into actual contact with the skin, in order to produce the irritation. The sap may be carried indirectly on the clothing, tools and other objects.

Campers, particularly those who are susceptible to poison oak, should be careful to keep away from the smoke of camp fires if any leaves, roots or branches of the poison oak shrub are in the fire. The sap may be carried in the smoke in exceedingly minute particles and deposited on the skin, causing as great irritation as if there had been direct contact with the growing plant itself.

Insects may carry the irritating material from plant to man and it is said that the pollen from the plant blossoms frequently produces the characteristic irritation when such pollen comes into contact with the victim's skin.

The victim of poison oak whose face is affected certainly would take no prize in a beauty show. It is doubtful if any other skin irritation can produce a more rapidly acute temporary disfigurement of facial beauty. A red, swollen face, covered with a blister-like eruption, and red, swollen eyelids sometimes make the patient almost unrecognizable, even to his best friends. Most cases begin on the fingers. The hands and face are most commonly affected, but the eruption seldom occurs on the scalp or inside of the hands. The irritating sap may be transferred by the patient's hands to other parts of the body, adding to his misery.

There are many remedies for poison oak. Perhaps the best and easiest is the immediate application of soap and hot water. The application must be prompt and very thorough or else it will only tend to spread the irritating poison. Gasoline is also said to be valuable for application to affected parts. Ordinary baking soda is said to be less effective than gasoline. Talcum powder may be gently rubbed on the irritated skin afterward.

Campers who desire to know if they are susceptible to poison oak, as well as all campers who desire to be protected against this irritating plant, may secure from their physician a preventive treatment which consists of the injection, underneath the skin, of a sterilized weak solution of the poison oak sap. It is said that the immunization thus acquired will last during the entire camping season, at least, and perhaps much longer.

Santa Maria Starts Diphtheria Immunization.

Arrangements have been made in Santa Maria, by which children may be immunized against diphtheria, at a low cost. The work is in charge of Dr. Z. B. Coblentz.

"A servant of humanity has no right to be physically unable to perform his duties. The paramount importance of health for the adequate discharge of public and private duties can escape no one."

"It is probable that in a reformed public opinion of the future a breakdown in health, when obviously caused by excess of imprudence, or culpable ignorance, will be regarded as a species of bankruptcy and will be severely judged."—Ray Lyman Wilbur, M.D.

MORBIDITY.*

Diphtheria.

199 cases of diphtheria have been reported, as follows: Los Angeles 48, San Francisco 42, Oakland 24, Stockton 5, Berkeley 7, Sacramento 15, Los Angeles County 10, Santa Monica 1, Monterey County 1, Vernon 1, Glendale 1, Long Beach 3, Petaluma 1, Riverside 1, Alameda 2, Corona 2, Santa Rosa 3, Bakersfield 1, Watsonville 1, Contra Costa County 4, Pasadena 1, Whittier 1, Alhambra 3, Santa Maria 1, South San Francisco 1, Richmond 3, San Fernando 1, Fresno County 4, Madera 3, Santa Paula 4, Santa Clara 1, Butte County 1, Gridley 2.

Scarlet Fever.

179 cases of scarlet fever have been reported, as follows: Los Angeles 49, Los Angeles County 21, San Francisco 21, Fresno County 15, Santa Clara County 5, Pomona 7, Oakland 8, Whittier 2, Alameda 1, Monterey Park 2, Glendale 2, Burbank 2, Manhattan 2, Stockton 1, Pasadena 4, Sierra County 1, Stanislaus County 1, Merced County 1,

*From reports received on April 28th and 29th for week ending April 26th.

Tulare County 1, Berkeley 2, Long Beach 4, Chico 1, Alhambra 1, Richmond 1, Inyo County 1, Bakersfield 1, Taft 1, Riverside 2, Orange 1, Orange County 4, National City 1, Chula Vista 1, Sacramento 1, Corona 2, Colusa 3, Glendale 1, Anaheim 2, Kern County 3.

Measles.

1182 cases of measles have been reported, as follows: Los Angeles 370, Pasadena 206, Los Angeles County 131, Alhambra 36, Berkeley 35, San Francisco 59, Long Beach 31, Tulare County 13, Lassen County 14, Santa Monica 13, Glendale 8, San Fernando 8, Glendora 5, Fresno County 8, Placer County 18, Sacramento 12, Riverside 5, Orange County 8, Lemoore 17, Corona 10, Colusa 10, Hawthorne 7, Huntington Park 8, Whittier 16, Oakland 21, Stockton 11, Colton 10, Santa Barbara 6, Glendale 9, Montebello 1, Anaheim 3, Kern County 2, Lindsay 1, Napa 3, Lynwood 1, San Bernardino 3, Chico 2, Manhattan 1, Redondo 1, Torrance 1, Compton 2, Monrovia 1, Trinity County 3, Solano County 4, Walnut Creek 1, Santa Clara County 2, Mill Valley 2, Richmond 1, Bakersfield 1, Taft 1, Watsonville 2, El Dorado County 1, Benicia 1, Dinuba 3, Alameda County 1, Santa Ana 1, Alameda 3, Redlands 1, Siskiyou County 3, Lodi 2, Coronado 1, Fowler 1, San Gabriel 2, Lompoc 1, Pomona 3, Los Gatos 1, Monterey Park 3, Sausalito 2, Turlock 1, Huntington Beach 2, Burbank 2, Napa County 1, Merced County 2.

Smallpox.

300 cases of smallpox have been reported, as follows: Los Angeles 106, Los Angeles County 36, Orange County 28, Pomona 5, Santa Monica 6, Alhambra 13, Burbank 10, Hermosa 8, Manhattan 5, National City 12, Corona 7, Huntington Beach 12, Long Beach 12, Salinas 1, San Bernardino 3, Covina 4, Lynwood 1, Glendale 2, San Francisco 1, Hawthorne 1, Whittier 1, Redondo 4, El Segundo 3, Redlands 1, Chula Vista 1, Colton 3, Selma 1, Vernon 1, Santa Ana 3, Pasadena 1, Butte County 1, Huntington Park 1, Anaheim 4, Kern County 2.

Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Santa Ana 7, Los Angeles 3, Orange County 1, Monterey Park 1, Oakland 1, Calexico 1, Sacramento 1, San Joaquin County 2.

Whooping Cough.

36 cases of whooping cough have been reported, as follows: Stockton 7, Ventura County 1, San Bernardino 2, Lynwood 1, Oakland 1, Pasadena 3, Los Angeles 3, Long Beach 1, Los Angeles County 4, Manhattan 1, Alameda County 1, Alameda 3, Santa Ana 2, San Francisco 1, Anaheim 4, Santa Barbara 1.

Cerebrospinal Meningitis.

Berkeley reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Los Angeles 1.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending April 26 received by April 29	Week ending			Reports for week ending April 28 received by May 1
	April 5	April 12	April 19		April 7	April 14	April 21	
Anthrax	1	0	0	0	0	0	0	1
Cerebrospinal Meningitis	6	2	0	1	4	6	4	1
Chickenpox	437	451	409	359	301	330	298	266
Diphtheria	214	243	236	199	158	172	146	133
Dysentery (Bacillary)	4	0	2	0	4	2	3	3
Epidemic Encephalitis	7	0	6	2	7	4	3	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	159	105	66	58	114	127	74	76
Influenza	26	33	18	17	211	105	124	73
Leprosy	0	1	0	0	1	1	0	0
Malaria	0	3	4	1	0	4	8	2
Measles	1298	1671	1280	1182	1113	1014	1092	1022
Mumps	86	69	65	61	34	39	23	33
Pneumonia	156	89	64	55	67	61	96	40
Poliomyelitis	2	1	1	0	1	1	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	278	268	224	179	216	143	163	147
Smallpox	280	412	376	300	34	49	8	18
Syphilis	155	125	105	84	146	104	87	53
Tuberculosis	179	278	215	262	188	151	240	145
Typhoid Fever	83	19	22	17	7	9	11	5
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	59	57	42	36	220	209	192	201
Totals	3430	3827	3135	2813	2826	2581	2572	2220

CALIFORNIA STATE PRINTING OFFICE

30179 5-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 13 MAY 10, 1924 GUY P. JONES EDITOR

Supreme Court Says Health District Legal.

That there is virtue in standing loyally by a cause and remaining devoted to a principle is well established in the case of the San Joaquin Local Health District, for the State Supreme Court, in a decision handed down on May 1st, has declared that the law under which the health district operates is constitutional.

When the legal attack against the district was instituted the funds under which it operated were tied up. Banks, service clubs, and individuals came to the rescue, advancing funds for the support of the district, even though they knew that there could be no return of their money if the final court decision were to be unfavorable. Merchants extended liberal credit to the district, and its employees, under crushing discouragement and at great personal inconvenience, remained steadfast and carried on their work.

There can be no better example of active support behind a public health organization than that provided by the people of San Joaquin County for its local health organization. The residents of the district are aware of the tremendous benefits that have come to them through this organization. They have seen diphtheria brought under almost complete control in San Joaquin County. They have seen typhoid fever almost disappear. They have benefited through the work of a high grade public health nursing service and a skilled health officer. They have been willing to provide personal funds that this sort of work may continue.

Strange to state, there is no resentment against the individuals who instigated the attack upon the legality of the act under which the district is formed. The proponents assumed the position that they knew that the formation of the district was right, and therefore it would prevail. There was a strong feeling of confidence which kept the organization intact even under tremendous handicaps. There is a belief that the court decision now leads to the full functioning of the organization and that it will now be able to provide more extensive service, with far greater results, than ever before. The people in San Joaquin County are to be congratulated for this victory and they are specially to be congratulated for their loyalty and steadfastness to their own public health organization during the clouded period.

KGO Will Broadcast Health Talks Monday Nights.

The General Electric Company's Pacific Coast broadcasting station at Oakland, KGO, will broadcast radio health talks prepared by the California State Board of Health every Monday at 8.05 p.m. The health talk will be the second number on the educational program broadcasted from this station on Monday nights. This broadcasting station will carry health messages to

Digitized by Google

all residents in California who may "listen in," as well as to persons residing in many other states. The series of talks now being broadcasted pertain to camping and outdoor life. This series will be supplemented by others based upon different health topics.

The San Francisco *Examiner* station, KUO, also broadcasts health material prepared by the State Board of Health. This station has served as a broadcasting station for this board for the past 2 years and because of the fact that it is generally on the air early in the evening it reaches a large number of listeners in who do not hear the radio talks broadcasted at a later hour.

German Measles Confused With Scarlet Fever.

Many health officers are confronted with an aggravated problem in making a differential diagnosis in cases of mild scarlet fever and German measles. The responsibility involved in permitting, unintentionally, a case of scarlet fever to enjoy the very limited control that is permissible in German measles is a very heavy liability. It would seem that the general public should be given the benefit of any doubt that may exist in the diagnosis of this disease. It is a far better policy to favor the diagnosis of the graver disease until such time as it can be definitely established that the case is less serious. Scarlet fever must always be considered as one of the most severe diseases with which we have to deal. Not only because of the immediate suffering that it causes, but also for the terrific damages in after effects that it levies upon persons of adult age.

Smallpox of Severe Type in Detroit.

An exceptionally large number of cases of smallpox has been reported in Detroit since the first of the year and while most of these cases are mild, a considerable number of cases of an exceptionally virulent type of smallpox is now appearing. There were 13 deaths from smallpox in Detroit during April. Smallpox is also unusually prevalent in Windsor, Ontario, across the river from Detroit.

There have already been more cases of smallpox in California this year than have ever occurred in any single year in the history of the state. Fortunately, most of these cases are mild, few deaths having been reported.

American Child Health Association to Meet.

The second annual meeting of the American Child Health Association will be held in Kansas City, Missouri, October 15, 16 and 17. Dr. Borden S. Veeder, Professor of the Clinic of Pediatrics, Washington University, St. Louis, Missouri, is chairman of the program committee. Members of Dr. Veeder's committee are: Miss Sara B. Place, R.N., superintendent of Infant Welfare Society, Chicago, Ill.; Miss Maude A. Brown, director of Health Education of the Child Health Demonstation, Fargo, N.D.; and Dr. S. Josephine Baker, consulting director in maternity and infancy and child hygiene of the Children's Bureau of the United States Department of Labor. Dr. Baker is known as one of the foremost authorities in the nation in the field of child health. Her resignation last spring from the position of director of the Bureau of Child Hygiene of the New York City Department of Health came after twenty years of pioneer work for the welfare of mothers and babies.

The meeting in Kansas City will bring together the lay members of the American Child Health Association and an eminent group of physicians, nurses, public health specialists, deans of medical and dental colleges of the leading universities of the country, nationally known educators, nutritionists, biologists and specialists in various scientific fields connected with child health investigation.

Dr. Baird Retires From Riverside County Office.

Dr. J. G. Baird, who for many years has served as health officer of Riverside County, recently resigned his office. Dr. Baird is one of the most active supporters of the health officers' section of the League of California Municipalities, and has always taken an active and prominent part in public health work in California. He has, for many years, provided Riverside County with skilled service given at considerable personal loss. It is public spirited men of Dr. Baird's type who are doing remarkable work in advancing public welfare. Dr. Baird has always cooperated fully with the California State Board of Health and with the people of his community. It is with regret that his retirement is noted.

Digitized by Google

Safe Drinking Water for Campers.

RADIO TALK NO. 5.

One of the most common and popular misbeliefs is the opinion that running water purifies itself. While it is true that the more extensive exposure of running water to sun and air may improve its taste by the action of these elements upon any organic matter that the water may contain, the harmful bacteria are not affected. The purity of a water can never be judged by its appearance. Even its sparkle may be due to products of decomposition. Odor, appearance and taste may be satisfactory but, nevertheless, the water may contain harmful bacteria such as those that cause typhoid fever, dysentery and other intestinal disturbances. The average person does not contemplate with sufficient care the danger that may lurk in a running stream. This carefree attitude comes, no doubt, from the mistaken popular opinion that a running stream purifies itself. It does not.

There is a way by which the camper or hiker may disinfect a small water supply by chemical means, and it is upon this subject of chemical disinfection of small quantities of water that this radio talk is based. In the first place, it must be stated, however, that the best water to take on a camping trip is that which comes from a known safe supply. In the second place, the safest way to destroy disease germs in the water is by actual boiling. Boiling water for five minutes will kill all germs of typhoid fever and similar diseases. This method is not always convenient, however, and chemical disinfection must be resorted to.

Iodine in small quantities is used for this purpose, with satisfactory results. Other chemicals will do the work, but iodine is more convenient to carry, is easier to use, and is less apt to affect the taste of the water. It may be purchased from any drug store and is fairly uniform in composition. It is also very useful in case of cuts, scratches, and sprains.

The following directions may be found useful for disinfecting a small supply of water with iodine: To one quart of clear water add 3 drops of tincture of iodine. To waters which are cloudy or which contain considerable sediment, 6 drops may be needed. Iodine should be added until a slight but distinct brown color is noticed. Allow the iodine to stand in the water for 15 minutes, after which add a small pinch of sodium thiosulphate or hypo, the chemical commonly used in photographic work. This will destroy the remaining iodine and the water will regain its original appearance. It is very important that a clear glass jar be used in order that the change of color may be observed and it is of much greater importance that the iodine be allowed to stand in the water for the full 15 minute period. Sterilization is not completed in less time. As little of the hypo as possible should be used, as over dosing will cause a slight bitter taste in the water. These chemicals, as recommended, in small amounts are not injurious to health.

It should be remembered that as a general proposition it is far safer to carry along a jug of water from home or any other place where its quality is well known than to rely on any chance stream. This is out of the question, however, on long trips into remote regions. The chemical disinfection may then be applied and if used as directed the camper or hiker may be assured of the safety of his supply of drinking water.

Long Beach Nurses Eligible For Examination.

The California State Board of Health has approved the application of the Long Beach Welfare Board for recognition as an institution which gives to nurses, who have been in its employ for two consecutive years, the required public health training to accredit them for examination for certificates as public health nurses.

MORBIDITY.*

Measles.

1006 cases of measles have been reported, as follows: Los Angeles 209, Los Angeles County 123, Pasadena 159, Long Beach 40, Whittier 40, Kings County 35, Blythe 25, San Francisco 42, Alhambra 11, Glendora 11, Corona 5, Riverside County 8, Lemoore 32, Berkeley 21, Orange County 10, Lassen County 13, Colusa 6, Red Bluff 7, Fresno County 5, Sacramento 13, Benicia 8, San Fernando 5, Huntington Park 12, Placerville 7, Compton 6, Glendale 15, Riverside 13, San Gabriel 6, San Joaquin County 6, Stockton 13, Dixon 5, Oakland 10, Anaheim 5, Santa Clara County 5, Huntington Beach 1, Santa Monica 4, South Gate 2, Santa Barbara 1, Nevada County 1, Sacramento County 2, Madera 1, Beverly Hills 1, Corning 3, Brea 3, Burlingame 1, Plumas County 4, Chico 4, Hermosa 1, Pomona 4, Alameda 2, Stanislaus County 1, Calexico 2, Colton 2, San Luis Obispo 2, Newman 1, Dinuba 1, Healdsburg 1, Alameda County 3, Trinity County 3, Walnut Creek 1, Pacific Grove 2, San Luis Obispo County 3,

*From reports received on May 5th and 6th for week ending May 3d.

Digitized by Google

Vacaville 2, Manhattan 1, Hawthorne 1, Tehama County 1, Rialto 2, Tulare County 3, Perris 1, Lindsay 2.

Diphtheria.

187 cases of diphtheria have been reported, as follows: Los Angeles 42, San Francisco 57, Los Angeles County 12, Long Beach 6, Berkeley 5, Oakland 22, Redondo 1, Merced 1, Fillmore 4, Stanislaus County 1, Sacramento 3, Fresno County 4, Healdsburg 2, Torrance 1, Stockton 5, Daly City 2, Salinas 1, Santa Cruz County 1, Riverside County 1, San Luis Obispo 2, Coalinga 1, West Covina 1, Alameda 1, Santa Monica 1, Mendocino County 4, San Joaquin County 1, San Mateo County 1, San Luis Obispo County 1, Ukiah 1, Sacramento County 1, Tulare County 1.

Scarlet Fever.

199 cases of scarlet fever have been reported, as follows: Los Angeles 60, San Francisco 30, Riverside 6, Colusa 10, Los Angeles County 9, Berkeley 8, Stockton 5, Pasadena 5, Oakland 9, Tulare County 6, San Joaquin County 2, Ukiah 1, Orange County 3, Patterson 1, Tehama County 1, Glendale 1, Long Beach 4, Marin County 2, Crescent City 1, Pomona 2, Corona 1, Mendocino County 1, Hawthorne 1, Monrovia 1, Compton 2, Alameda 3, Stanislaus County 2, Merced 1, Chula Vista 1, Fresno County 4, Burlingame 2, Colusa County 1, Chico 1, Richmond 2, Contra Costa County 1, Santa Cruz County 2, Sacramento County 4, Santa Barbara 1, Burbank 1, Santa Clara County 1.

Smallpox.

342 cases of smallpox have been reported, as follows: Los Angeles 145, Hermosa 19, Los Angeles County 47, Ontario 21, Orange County 19, Long Beach 16, Redondo 7, National City 11, Burbank 5, Pomona 5, Santa Monica 5, Huntington Beach 16, Huntington Park 1, South Gate 3, Stockton 1, Hawthorne 1, San Francisco 1, Glendale 4, Alhambra 1, Selma 1, Compton 1, Imperial 1, Vernon 2, Colton 1, Riverside County 1, Oakland 1, Anaheim 2, Exeter 4.

Typhoid Fever.

16 cases of typhoid fever have been reported, as follows: Riverside 1, Long Beach 1, Orange County 2, San Francisco 1, Calexico 1, Santa Ana 1, Sacramento County 1, Fresno 1, Sebastopol 2, Hanford 1, San Diego County 1, San Joaquin County 1, Jackson 1, California 1.

Whooping Cough.

27 cases of whooping cough have been reported, as follows: Los Angeles 2, San Luis Obispo County 1, Pasadena 3, Alhambra 1, Los Angeles County 4, Berkeley 1, San Francisco 3, Orange 4, Riverside 1, Stockton 1, Santa Rosa 2, Orange County 1, Sacramento 2, Oakland 1, Anaheim 3.

Cerebrospinal Meningitis.

4 cases of epidemic meningitis have been reported, as follows: San Francisco, 3, Burbank 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported as follows: San Francisco 1, Oakland 1.

Rocky Mountain Spotted Fever.

Lassen County reported one case of Rocky Mountain Spotted Fever.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending May 3 received by May 6	Week ending			Reports for week ending May 5 received by May 8
	April 12	April 19	April 26		April 14	April 21	April 28	
Anthrax	0	0	0	0	0	0	1	0
Cerebrospinal Meningitis	2	0	1	4	6	4	1	3
Chickenpox	451	409	405	349	330	298	271	224
Diphtheria	243	236	211	187	172	146	145	146
Dysentery (Bacillary)	0	2	0	0	2	3	5	1
Epidemic Encephalitis	0	6	5	2	4	3	1	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	105	66	70	167	127	74	90	87
Influenza	33	18	17	21	105	124	72	447
Leprosy	1	0	0	0	1	0	0	1
Malaria	3	4	1	1	4	8	2	5
Measles	1671	1280	1281	1006	1014	1092	1182	1127
Mumps	69	65	70	45	39	23	26	23
Pneumonia	89	64	58	86	61	96	81	54
Poliomyelitis	1	1	0	0	1	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	2	0	1	0	0	0	0
Scarlet Fever	268	224	196	199	143	163	157	127
Smallpox	412	377	319	342	49	8	21	41
Syphilis	125	105	88	177	104	87	56	66
Tuberculosis	278	215	272	171	151	240	173	134
Typhoid Fever	19	22	19	16	9	11	10	14
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	57	42	47	30	209	192	322	210
Totals	3827	3138	3060	2804	2531	2572	2566	2711

CALIFORNIA STATE PRINTING OFFICE

30179 5-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 14 MAY 17, 1924 GUY P. JONES EDITOR

Fish That Fight Mosquitoes.

RADIO TALK NO. 6.

One of the most effective weapons in the warfare that health departments are waging against mosquitoes and malaria is a small fish, a top-minnow, with the scientific name of *Gambusia affinis*. This minnow feeds almost entirely upon the eggs and young of the mosquito. It is only one or two inches long, but, regardless of its small size, each fish is able to consume more than 100 mosquito larvæ every day.

There is one point of resemblance between this tiny fish and the whale. Like the whale, the *Gambusia affinis* gives birth to live young, and during the breeding season, from April to October, a single female will produce from 6 to 8 broods of 40 young each.

Two years ago the California State Board of Health introduced six hundred of these small fish into the state, and it is estimated that these six hundred have increased now to at least fifteen million. The state maintains sixteen hatcheries for these fish and small colonies have been planted in almost every section of California where mosquitoes and malaria are exceptionally prevalent.

The use of mosquito-fish is not the only method by which these insects are combatted. Drainage or filling of pools, ditches or slowly moving streams where mosquitoes breed is the most effective way of exterminating them. The oiling of breeding pools is an important method wherever drainage can not be done conveniently. Mosquito fish are used successfully wherever drainage or oiling can not be applied easily. These constitute the chief methods of control.

It is only the female of a certain species of mosquito that transmits malaria, and this species is found in the interior region of the Pacific Coast. This type of mosquito is not found along the immediate coast where the salt-marsh mosquito prevails. The salt-marsh mosquito is particularly voracious and, as a tormentor on a summer evening, has no rival. This type of mosquito, however, can be controlled.

The top-minnow is a fresh-water fish and is of no value in the warfare against the salt-marsh mosquito. It is chiefly as a destroyer of the malaria-bearing mosquito that the top-minnow is used. This tiny fish, therefore, is of great importance to the public health, for malaria is one of the oldest and most devasting of all diseases that affect mankind. Any agency that is useful in preventing disease and promoting health is entitled to tribute. For this reason, the top-minnow deserves respect.

Whenever those who may be "listening in" see one of these little "shiners" in a shallow pool they may know that this tiny fish is a big factor in the prevention of malaria and is accomplishing much in making the world a better place in which to live.

Digitized by Google

Mental Disease More Generally Recognized.

The steady and continued increase in the population of state hospitals has caused many people to believe that mental diseases are increasing in prevalence. Dr. John A. Reily, medical superintendent of the Patton State Hospital, takes a more optimistic view of the situation, however. He believes that mental disease is more generally recognized as a disease rather than a distinct obsession, and that, as a result, more cases that may be amenable to treatment are brought under clinical and institutional care. Dr. Reily expresses his convictions in a recent address, "Whither Are We Going," reprinted here in part:

"Because of the increase in the population of our state hospitals for insane there is an opinion prevalent in the public mind that the human race is deteriorating mentally. On the contrary there are many reasons to believe that the opposite condition obtains. The principal reason for the increase in the number of patients committed to institutions is largely due to the fact that people are coming more and more to look upon insanity as a diseased condition requiring treatment, and many cases who would formerly remain out of hospitals are now being committed to our institutions for care and treatment. This leaves the impression that there are more people falling under the spell of mental disorder.

"Through mental *clinics,* mental hygiene societies, etc., a great deal of worth-while work is being done to assist those who have a grave hereditary tendency to successfully pass through the periods of great stress which result in their ultimate mental upset. We have learned that it is no more a disgrace to be ill mentally than it is to be ill physically. When you stop to consider the very delicate mechanism of the human brain the great wonder is that a much larger number of us do not fall a victim to mental disease.

"Having taught the public that mental disorders can be discussed without offense we are able to approach this subject with those who may be near a mental upset and advise them how to avoid the ultimate break. Many cases coming before our mental clinics profit by such counsel and advice; likewise, many patients who come under the supervision of our numerous mental specialists. Undoubtedly human life is becoming more and more complex and consequently fraught with periods of greater stress, and inasmuch as stress is usually the final exciting cause in numerous cases of insanity it would be little wonder if we had greater prevalence of mental disorder, even in the face of an improved standard of mentality among the race generally.

"While there are still many discouraging aspects to our mental development there are on every hand numerous evidences of greater mental achievement of the race, and what applies to the race as a whole likewise reflects credit upon the individual. Take, for instance, the wonderful discoveries and inventions of recent years, the remarkable developments in the field of chemistry and medicine, the submarine, the aeroplane and the radio. These achievements are not the result of a race deteriorated mentally. On the contrary these, and numerous similar discoveries and inventions of recent years, should convince the most pessimistic mind that the human race is making a very definite mental development.

"We can not escape the fact that we are yet poor frail creatures of destiny, far from that state of mental, moral and physical perfection which we all hope to achieve ultimately but to credit our frailties to a state of racial decadence is to doubt the omnipotence of the Creator of man and the ever present guiding hand of Providence. There can be no retrograde in human development mentally, morally or physically."

Winners Announced in Tuberculosis Essay Contest.

A tuberculosis institute for students in San Francisco schools of nursing was held last December under the auspices of the Bureau of Registration of Nurses of the California State Board of Health and the San Francisco Tuberculosis Association. At that time the association offered a first and second prize for the best essays submitted. Thirty-one students contributed. The first prize was won by Miss Verna Hardin of the Franklin Hospital, whose essay was entitled, "The Life of Trudeau." The second prize was won by Miss Genevieve Meherin of the Mount Zion Hospital. The subject of her essay was "The Life of Pasteur." Many of the other essays submitted were excellent, showing originality in the presentation of subject matter and appreciation of public health. Nearly all of these papers emphasized the fact, however, that students have little or no opportunity to get any practical experience in the actual care of the tuberculous.

Digitized by Google

San Joaquin Health District to Stay.

The Stockton *Record* has published the following editorial upon the recent decision of the State Supreme Court upholding the validity of the local health district act.

"The long awaited decision of the California Supreme Court upholding the validity of the formation of the San Joaquin health district comes as a complete victory for those public spirited men and women who determine to put greater efficiency and service into the administration of public health affairs in San Joaquin County. The law under which the district was formed, was enacted by the state legislature several years ago for the benefit of San Francisco and Los Angeles but it remained a dead letter on the statute books until San Joaquin elected to take advantage of it. This county has pioneered the way by securing an expert of national reputation to organize the first health district of its kind in the United States. The administration of public health service throughout the county and in each of the incorporated cities has been centralized, reducing the overhead expense experienced when each municipality maintained its own department. Duplication and passing the buck have been eliminated and service that was previously enjoyed only by populous centers has been carried to every part of the district under the new order of things. Specialists came here from afar to study the San Joaquin system even while its legality was under fire and while its complete efficiency was interfered with by withdrawal of public funds. Now that the district is to be permitted to function without hindrance or embarrassment we may expect it to show increased efficiency and to become patterned after far and wide.

To all those of the San Joaquin local health district who have carried on under difficulties, especially to the loyal staff members who have remained at their posts on part salary advanced by banks, business houses, civic organizations, service clubs and private individuals, the thanks of the entire community is due."

More Room Provided For Nation's Lepers.

The first of the additional buildings provided by Congressional Act of February 20, 1923, to enlarge the National Leper Home at Carville, Louisiana, have been completed and twelve lepers who had been temporarily detained elsewhere were moved to Carville, April 4, according to a statement of Surgeon General Cumming of the U. S. Public Health Service.

The additional buildings, all of which are under construction, will be rapidly made available for patients in the order of their completion and it is believed that they will be fully occupied within a few months. The appropriation, amounting to $650,000, provides additional beds for approximately 240 patients and increases the present capacity of the institution to more than 400. The home, will, however, still lack a hospital building proper for the care of the blind, crippled, tuberculous, insane and other classes of patients requiring nursing and highly specialized care. The need for a therapy building where instruction may be given in arts and crafts and other diversional employment is also felt by the patients of both sexes, who necessarily require some employment or amusement in this place where they are confined for life or until they recover.

MORBIDITY.*

Diphtheria.

198 cases of diphtheria have been reported, as follows: San Francisco 32, Los Angeles County 23, Los Angeles 40, Berkeley 8, Modesto 5, Alameda 5, Fresno 5, Sacramento 7, Long Beach 6, Oakland 17, Fillmore 7, Pittsburg 1, Stockton 2, Ventura County 1, San Jose 1, Torrance 1, Santa Clara County 4, Santa Ana 1, Mendocino County 1, Fresno County 1, Watsonville 1, San Bernardino 1, Hayward 1, Venice 2, Richmond 1, Sonoma County 1, Tuolumne County 1, Manhattan Beach 2, Pomona 3, Sacramento County 1, Alhambra 2, Santa Cruz 2, San Joaquin County 3 Hermosa 1, Merced 1, Santa Monica 1, Santa Paula 2, Fowler 1, Turlock 1, Santa Barbara 2.

Scarlet Fever.

147 cases of scarlet fever have been reported, as follows: San Francisco 31, Fresno 16, Pomona 6, Colusa 5, Oakland 11, Los Angeles County 12, Tulare County 6, Pasadena 5, Humboldt County 2, Eureka 1, Corona 2, Glendale 1, Sacramento 2, San Bernardino County 1, Calexico 2, Manhattan Beach 2, Long Beach 1, Lake County 3 Monrovia 1, Huntington Park 1, San Jose 3, Compton 1, Chico 2, Alameda 1, Santa Clara County 1, Riverside 3, Fullerton 1, Santa Ana 1, Napa 2, Fresno County 3, Visalia 2, Bakersfield 1, Napa County 2, Orange County 3, Patterson 1, Richmond 1, Contra Costa County 1, Venice 1, Porterville 1, Reedley 1, Santa Barbara 4.

Measles.

979 cases of measles have been reported, as follows: San Francisco 41, Los Angeles County 224, Pasadena 127, Fresno 120, Alhambra 20, Whittier 20, Huntington Park 10, South Gate 6, Glendora 7, Compton 8, Hawthorne 9, San Fernando 8, Redondo Beach 7, Long Beach 49, Berkeley 31, Glendale 26, Lassen County 9,

*From reports received on May 10th and 12th for week ending May 15th.

Digitized by Google

Stockton 7, Corona 6, Sacramento 13, Tehama County 5, Red Bluff 6, Orange County 17, Oakland 20, San Luis Obispo County 6, Placerville 5, San Jose 10, Santa Monica 11, Fresno County 13, Venice 5, Hayward 16, Siskiyou County 20, Kern County 10, Colton 9, Monrovia 2, Manhattan 1, Santa Clara County 5, San Bernardino County 4, Madera 3, San Gabriel 2, Torrance 2 Hanford 2, Yolo County 1, Lynwood 2, Palo Alto 1, Pacific Grove 1, Redding 3, Huntington Beach 4, Colusa 1, Sutter County 1, Chico 5, Pomona 2, Napa County 2, Monterey County 2, San Bernardino 3, Bakersfield 1, Dinuba 2, Tulare County 3, Alameda 2, Santa Ana 2, San Joaquin County 3, Vacaville 1 Modesto 2, Alameda County 1, Fullerton 1, Riverside 3, Merced 1, Lindsay 3, Santa Barbara 2, Perris 2.

Smallpox.

139 cases of smallpox have been reported, as follows: Los Angeles County 20, Huntington Beach 15, Burbank 10, Fullerton 6, Ontario 7, San Bernardino 8, Long Beach 14, Orange County 7, San Bernardino County 11, Santa Monica 3, Oakland 1, Venice 1, Vernon 1, Glendale 2 Torrance 1, El Monte 1, Pomona 4, San Fernando 2, Huntington Park 1, Santa Ana 1, Tulare County 2, Orange County 1, Fresno County 3, Hermosa 1, El Segundo 1, Stockton 2, Redondo 1, Modesto 1, Corona 1, Butte County 1, Kern County 5, Anaheim 4.

Typhoid Fever.

12 cases of typhoid fever have been reported, as follows: Lassen County 1, South Pasadena 1, Berkeley 1, Glenn County 1, Long Beach 1, Sacramento 1, Burlingame 1, Calexico 1, Fresno 1, Santa Ana 1, Orange County 1, Monterey County 1.

Whooping Cough.

45 cases of whooping cough have been reported, as follows: Fresno 6, Fresno County 5, Hayward 9, Sacramento 3, Lynwood 2, Alameda 1, Santa Ana 2, Orange 1, Dinuba 2, Ventura County 1, Berkeley 1, San Francisco 2, Pomona 2, Hermosa 1, Compton 1, Los Angeles County 2, Pasadena 1, Stockton 3.

Cerebrospinal Meningitis.

Sonoma County reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported as follows: San Francisco 1, Los Angeles 1.

Rocky Mountain Spotted Fever.

Lassen County reported one case of Rocky Mountain Spotted Fever.

Poliomyelitis.

Los Angeles reported one case of poliomyelitis.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending May 10 received by May 13	Week ending			Reports for week ending May 12 received by May 15
	April 19	April 26	May 3		April 21	April 28	May 5	
Anthrax	0	0	0	0	0	1	1	0
Cerebrospinal Meningitis	0	0	5	1	4	1	4	3
Chickenpox	409	406	409	331	298	271	272	266
Diphtheria	236	210	196	198	146	145	167	138
Dysentery (Bacillary)	2	0	2	1	3	5	1	0
Epidemic Encephalitis	6	5	2	2	3	1	2	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	66	70	176	93	74	90	106	91
Influenza	18	17	21	26	124	72	461	62
Leprosy	0	0	0	0	0	0	3	1
Malaria	4	1	2	3	8	2	5	4
Measles	1282	1281	1110	979	1092	1132	1268	1297
Mumps	65	70	53	56	23	36	24	34
Pneumonia	64	58	161	42	96	81	59	56
Poliomyelitis	1	0	0	1	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	2	0	1	1	0	0	0	0
Scarlet Fever	224	196	234	147	163	157	173	159
Smallpox	377	318	360	139	8	21	43	15
Syphilis	105	88	194	120	87	56	77	177
Tuberculosis	215	273	184	141	240	173	136	180
Typhoid Fever	22	19	16	12	11	10	18	19
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	42	47	34	45	192	322	257	174
Totals	3140	3060	3160	2348	2572	2566	3077	2677

CALIFORNIA STATE PRINTING OFFICE

30179 5-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 15 MAY 24, 1924 GUY P. JONES EDITOR

Will Combat Menace of Cross-Connections.

Following are regulations governing dual water supplies and cross-connections as amended by the California State Board of Health at its regular meeting held May 12, 1924:

Resolved, That whereas there exists or may exist a danger to the health of employees and the public, due to the use of unsafe private sources of water supply or private sources of supply not under laboratory control for drinking and domestic supply purposes; and whereas the danger to the public is intensified according to the extent of cross-connection between lines carrying a safe public water supply at relatively low pressure and private lines carrying a potentially unsafe supply at high pressure; therefore be it

Resolved, that—

1. The attention of employers be called to their obligations under "An act to require employers of labor to furnish * * * pure drinking water to their employees during working hours," approved May 24, 1915, and that they accordingly keep themselves informed of the quality of such water by inspection and laboratory control analyses.

2. There shall be no physical connection between such a private source of supply or system and a public water system without a permit therefor, granted by the State Board of Health.

Dual water supplies and sources with which cross-connection exists or is desired in any form to any public water supply system shall be held as subject to all the provisions of the Sanitary Water Systems Act. All persons, firms, corporations, public utilities, municipalities, or other public body or institution supplying water for domestic consumption, shall make separate application for permit, under the provisions of the Sanitary Water Systems Act, to supply water from each and every such dual source of water supply or sources with which there exists or it is desired to make any cross-connection. Failure to obtain permit so to do, or aiding or abetting in the making or use of said dual supplies or any cross-connection to a public system without obtaining said permit, shall be adjudged as a violation of the provisions of the Sanitary Water Systems Act and subject to all of the penalties provided in said act.

3. Water companies or municipalities now or in future furnishing water for domestic purposes, regardless of whether an unrevoked domestic water supply permit from the State Board of Health is held, shall be held responsible to its consumers for pollution of the public system by violations of section (2) and shall forbid service to premises maintaining cross-connections which may pollute the public system, or shall prevent the pollution of the public system by other means acceptable to the State Board of Health. Violations shall constitute sufficient grounds for revoking any domestic water supply permit.

4. In pursuance of these purposes, the Secretary of the State Board of Health

Digitized by Google

may deputize employees of water companies or municipalities as inspectors of the State Board of Health.

5. City officials and health officers shall be urged to investigate from time to time, by inspections and laboratory control, the condition of safety of private sources of supply.

Adopted by the California State Board of Health, November, 1919.

Amended May 12, 1924.

Board Limits Its Laboratory Service.

In order to serve better those communities that are unable to provide their own laboratories and to thereby enable the State Hygienic Laboratory to accomplish, more generally, difficult technical procedures for laboratories not equipped to undertake that type of work, the California State Board of Health, at its regular meeting, held May 12, 1924, adopted the following resolution:

Resolved, That it shall be the settled policy of this board to encourage the establishment of diagnostic laboratories in all the local health units having a population in excess of fifteen thousand.

That the Director of the Hygienic Laboratory be empowered and directed to proceed with the inspection and certification of such laboratories to the end that their services shall be dependable and according to approved standard.

That as a measure of immediate retrenchment the Director of the Hygienic Laboratory shall refuse to receive after July 1, 1924, any specimens from any city or local health unit of 10,000 population and over maintaining its own laboratory, and from any health unit of 50,000 and over whether or not it maintains its own laboratory; provided, however, that certain examinations requiring difficult technical procedures may in the discretion of the Director be undertaken for such communities.

That it shall be the policy of the board that hereafter the Hygienic Laboratory shall do Wassermann tests for patients of private physicians only for the purpose of diagnosis and where reasonable suspicion of infection exists, and for the purpose of checking the results of other laboratories.

The Director of the Hygienic Laboratory is authorized to reject all specimens not accompanied by the official form for the transmission of specimens properly and completely filled out.

Examination for State Tuberculosis Field Worker.

The California State Civil Service Commission has announced that an examination for the position of field worker in the Bureau of Tuberculosis of the California State Board of Health will be held in San Francisco, Sacramento and Los Angeles as soon as possible after May 31, 1924, which is the last day for filing applications for the examination in Sacramento. Examination is open to all women who are American citizens, who have passed their twenty-first but not their fifty-first birthdays on the date of the examination, who are in good physical condition and who meet the further requirements.

The duties of the position are, under specific direction and assignment, to perform field work for the Bureau of Tuberculosis, including investigation and inspection of hospital sanatoria, clinics, and other institutions for the treatment of tuberculous patients; supervision of city and county public health nurses engaged in tuberculosis work; organization of tuberculosis clinics; organization of rural nursing, and tuberculosis programs in given communities; the survey and study of tuberculosis conditions in given communities; assistance in the general educational campaign against tuberculosis; and such other duties as may be required in connection with the prevention and treatment of tuberculosis.

Candidates must have had education equivalent to graduation from high school; must be registered as nurse in the State of California; and must have had special training in a hospital maintaining a department devoted exclusively to the treatment of tuberculous patients, together with at least two years' experience in medical social service work, preferably in tuberculosis. They must also possess broad knowledge of the contributory causes of tuberculosis and familiarity with hospital management; and should be persons of tact and good judgment.

Completed applications must be filed with the State Civil Service Commission, Forum Building, Sacramento, on or before May 31, 1924.

Infant Mortality as an Index to Civilization.

Sir Francis d' Ivernois observes that, "if the various states of Europe kept and published annually an exact account of their population, noting carefully in a second column the exact age at which children die, this second column would show the relative merit of the government, and the comparative happiness of their subjects. A simple arithmetical statement would then perhaps be more conclusive than all the arguments that could be adduced."—Malthus, Essay on Population (1789).

Digitized by Google

Typhoid Caused by Breaks in Water and Sewer Lines.

Pasadena authorities have furnished an excellent example in securing quick results in determining the source of pollution of the supply of water distributed to the adjoining municipality of South Pasadena. From April 27th to 30th reports of more than 200 cases of severe vomiting and diarrhoea were received from that portion of South Pasadena supplied with water from two wells near a pumping station in the city of Pasadena. The nature of the outbreak indicated clearly that it was waterborne and action was taken to determine its source. The chief engineer of the Pasadena water department, Mr. Sam Morris, first learned of the outbreak on April 29th and his investigation, made the same day, revealed a stoppage or back flow in the main outfall sewer in the vicinity of the pumping station. After taking samples of water from taps and other outlets in the neighborhood, all of which showed gross pollution, he shut down the pumping plant and chlorinated the water stored in all city reservoirs.

Further investigation revealed the fact that a low pressure steel pipe line from the two wells leading to the pumping station, passes directly over a lateral sewer in the street and that near this crossing the steel pipe was badly corroded by sewer gas with about a dozen holes one-fourth-inch in diameter. Near the crossing, the sewer showed a longitudinal crack, presumably caused by a steam roller. When the sewer backed up, due to accidental stoppage at another location, there was ample opportunity for the contamination of the water in the steel pipe line, before it entered the pumping station. When the pumping station was idle this contamination seeped into the sump, furnishing a concentrated pollution that was pumped into the mains when pumping was resumed.

Two cases of paratyphoid and seventeen cases of typhoid fever have been reported in South Pasadena up to May 19th, all of which undoubtedly have their source in this accidental pollution of the South Pasadena supply coming from this pumping station.

Sacramento County Conducts Diphtheria Immunizations.

Under direction of Dr. George H. Sanderson, health officer of Sacramento County, children residing in the rural districts of that county are being immunized against diphtheria. Those residing in Fairoaks have been given the required toxin antitoxin below cost. Out of the two hundred children in the Fairoaks school, about one hundred and thirty received the prophylaxis. Children in Rio Linda and in other parts of the county will receive similar immunization. Miss L. M. Wygant and Miss Hatfield have assisted Dr. Sanderson in the organization of the work.

It is my strong conviction that the recruitment of the best type of young medical graduates as the leaders of the public health movement of the future is a primary essential for the success of our cause. The health officer of tomorrow must be the leader in a vigorous and a purposeful campaign against each and every disease which takes an important toll of human life for there is not one of these diseases which is not in some measure within the range of possible control. This campaign is by no means to be won by the application of ordinances and the use of the police power. It calls for the intelligent and hearty cooperation of the medical profession and of the general public. Not only hospital service and dispensary and nursing service, but the work of every private physician, forms a part, and a supremely important part of the community machinery for the prevention of disease. If the health officer and the practitioner are in conflict, both public health and private medicine must suffer. If they cooperate in a broad spirit of service, each step that is taken will be soundly planned for the true advancement of the health of the public and effectively safeguarded so that the standards of medical practice and the well being of the individual practitioner may be secured. The man who is to envisage these broad problems of sanitary statesmanship must be much more than a clinician. He must be a master of public health in all its varied aspects and applications; but if he is to guide the great medical forces of the community he must be a man who commands the confidence and the loyalty of the medical profession as a whole.—Dr. C. E. A. Winslow.

MORBIDITY.*

Measles. 763 cases of measles have been reported, as follows: Los Angeles 183, Los Angeles County 85, Pasadena 109, Long Beach 36, San Francisco 27, Manteca 8, Tracy 9, Huntington Park 15, Stockton 10, Berkeley 23, Red Bluff 9, Oakland 14, San Jose 9, Orange County 10, Chico 10, Culver City 15, Santa Ana 9, Sacramento 8, San Bernardino 12, Fresno County 14, Tehama County 5, Alameda 11, Azusa 6, Lemoore 5, Rialto 9, Colton 8, Compton 13, Alhambra 6, Santa Clara County 7, Los Gatos 5, Riverside 6, South Pasadena 6, Glendale 6, Parlier 2, Vacaville 1, Trinity County 1, Mountain View 1, Benicia 2, Santa Monica 4, Santa Barbara County 2, Kingsburg 1, Pacific Grove 1, Bakersfield 2, Dinuba 1, Modesto 1, Redondo 2, Glendora 2, Pomona 1, San Fernando 2, Hawthorne 3, San Joaquin County 2, Lodi 1, Hermosa 4, Manhattan 2, El Segundo 3, Whittier 4, Lompoc 1, San Mateo 3, Selma 2, Hayward 1, Sonora 1, Placerville 1, Merced County 2, San Luis Obispo County 4, Napa County 1, Imperial 1, Yuba County 1, Susanville 2, Kern County 4, Santa Barbara 2.

*From reports received on May 19th and 20th for week ending May 17th.

Digitized by Google

Diphtheria.

236 cases of diphtheria have been reported, as follows: Los Angeles 65, San Francisco 46, Los Angeles County 13, Long Beach 7, Alameda 7, Stockton 6, Sacramento 13, Oakland 17, Berkeley 6, Marin County 6, Sonoma County 5, San Fernando 2, El Monte 1, Santa Maria 1, Hawthorne 4, Colton 1, Huntington Park 1, San Jose 3, Alhambra 1, Whittier 1, Monterey County 1, Gridley 4, El Cerrito 1, San Leandro 1, Riverside 1, Fresno County 2, Modesto 1, Orange County 1, Burbank 1, Stanislaus County 2, Mendocino County 1, Merced County 4, Petaluma 2, Antioch 1, Santa Cruz 1, Contra Costa County 1, Vallejo 1, Redondo 1, Santa Clara County 1, Hermosa Beach 1, Modoc County 1.

Scarlet Fever.

199 cases of scarlet fever have been reported, as follows: Los Angeles 43, San Francisco 29, Oakland 20, Stockton 5, Mountain View 5, Fresno County 6, Los Angeles County 12, Glendale 8, Petaluma 1, El Centro 2, Ontario 2, Tuolumne County 1, Mendocino County 1, Napa 2, Orange County 4, Santa Ana 1, Chula Vista 3, Sacramento 4, Plumas County 1, Napa County 1, Los Gatos 3, Colusa 1, Riverside 1, Merced County 2, Susanville 1, San Joaquin County 3, Hawthorne 2, Pomona 3, Whittier 3, Santa Clara County 4, Berkeley 2, Pasadena 1, Monterey County 3, San Jose 3, Livermore 1, San Mateo 1, Compton 1, Monrovia 1, Sonoma County 1, Long Beach 1, Fowler 1, Visalia 1, Alameda 2, Kern County 2, Santa Barbara 4.

Smallpox.

267 cases of smallpox have been reported, as follows: Los Angeles 136, Los Angeles Count 46, Long Beach 23, Burbank 7, Hawthorne 7 Hermosa 9, Ontario 7, Orange County 5 Huntington Park 3, San Francisco 2, Dunmuir 1, San Fernando 2, San Gabriel 3, Sa Mateo 1, Pomona 1, Santa Monica 4, Sant Barbara 1, Visalia 1, Alhambra 1, Redond Beach 1, El Segundo 1, San Bernardino 1 Kern County 2, Glendale 2.

Whooping Cough.

49 cases of whooping cough have been re ported, as follows: Los Angeles 7, Los An geles County 7, Claremont 2, Riverside 1 Santa Clara County 1, San Francisco 4, Her mosa 2, Long Beach 3, Pasadena 4, Stockto 1, Oakland 1, San Mateo 3, Colton 2, Contr Costa County 2, Chico 1, Santa Ana 4, Fresn County 1, Visalia 2, Alameda 1.

Typhoid Fever.

30 cases of typhoid fever have been re ported, as follows: South Pasadena 16, Glen dora 1, Los Angeles 3, Orange 2, Santa An 3, Stockton 1, San Joaquin County 2, Eurek 1, Corcoran 1.

Cerebrospinal Meningitis.

Madera reported one case of cerebrospina meningitis.

Leprosy.

San Francisco reported one case of leprosy

Rabies (Human).

Imperial County reported one case of huma rabies.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending May 17 received by May 20	Week ending			Reports for week ending May 19 received by May 22
	April 26	May 3	May 10		April 28	May 5	May 12	
Anthrax	0	0	0	0	1	1	0	0
Cerebrospinal Meningitis	0	5	1	1	1	4	2	1
Chickenpox	406	410	367	308	271	272	295	286
Diphtheria	210	195	207	216	145	167	154	152
Dysentery (Bacillary)	0	1	1	1	5	1	0	1
Epidemic Encephalitis	5	2	2	0	1	2	1	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	70	176	97	52	90	106	94	111
Influenza	17	21	26	19	72	461	64	15
Leprosy	0	0	0	1	0	3	1	0
Malaria	1	2	4	2	2	5	4	3
Measles	1281	1110	1337	763	1132	1268	1418	1292
Mumps	70	53	56	82	36	24	36	32
Pneumonia	58	161	49	50	81	59	67	58
Poliomyelitis	0	0	1	0	0	0	0	2
Rabies (Human)	0	0	0	1	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	196	232	205	199	157	173	202	141
Smallpox	317	360	278	267	21	43	29	30
Syphilis	88	194	131	79	56	77	180	147
Tuberculosis	273	184	174	161	173	136	190	138
Typhoid Fever	19	16	13	30	10	18	20	8
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	47	34	62	49	322	257	299	151
Totals	3059	3157	3011	2301	2566	3077	3056	2569

CALIFORNIA STATE PRINTING OFFICE

O

30179 f

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 16 MAY 31, 1924 GUY P. JONES EDITOR

Rabies.

RADIO TALK No. 7.

The cry of "stop thief" will always cause people on crowded city streets to at least stop, look and listen but the cry of "mad dog" will drive people indoors in the proverbial twinkling of an eye. No traffic officer can possibly clear the streets as quickly or as effectively as a mad dog. The fear that the average person holds for an animal suffering from rabies, or hydrophobia, as it is popularly known, is well grounded for such an animal is capable of spreading, through its bite, one of the most terrible of all known diseases. A so-called mad dog is not suffering from emotional insanity, but is afflicted with an acute infectious disease that plays havoc with the nervous system. All domestic animals, and some wild animals, may be afflicted with rabies, but the disease is found chiefly in dogs and coyotes. It is spread, mostly, by stray dogs but it shows no class distinction, attacking prize pups and grand champions as relentlessly as yellow curs and mongrels.

The term "dog days" is most misleading, for the disease may be even more prevalent during the winter than during the summer months and the so-called "dog days" of August. Dogs, to be sure, suffer great physical discomfort during hot weather because their skins contain no sweat glands and all their perspiring is done, pantingly, through their mouths. Rabies has been more prevalent in California recently than ever before in the history of the state and last year, eleven human beings died tragic deaths from this truly horrible disease.

The diagnosis of rabies in animals may be difficult, requiring the skilled services of a veterinarian, but the general symptoms in the order of their occurrence are:

(1) Sudden change in disposition.
(2) Unusual nervousness or irritability.
(3) Tendency to leave home.
(4) Change in tone of voice.
(5) Refusal to eat.
(6) Tendency to snap or bite without cause.
(7) Tendency to paralysis of the legs or lower jaw.

An animal showing any of these symptoms should be placed in confinement immediately and the proper authorities be notified without delay.

A bite from a dog suspected of having rabies should be cauterized at once with concentrated, fuming nitric acid. Never should carbolic acid, iodine or other agents be used for this purpose. Fuming, concentrated nitric acid only should be used in cauterizing dog bites.

If it has been determined that the biting animal is rabid the Pasteur preventive treatment should be started without delay. No human being who has ever shown any of the symptoms of rabies has ever recovered. There is no treatment for the disease itself after the first symptoms have appeared. The Pasteur treatment is only for the prevention of the development of the disease. Persons bitten by rabid dogs should never delay in securing this treatment for of all diseases that may afflict mankind there is none more truly terrible than rabies.

Digitized by Google

Public Health Summer Schools, 1924, Conducted With the Cooperation of the United States Public Health Service.

Columbia University----------New York City
July 7 to August 15
John J. Coss, A.M., Director of the Summer Session
Haven Emerson, M.D., in charge of Public Health Courses

University of California----------Berkeley
June 23 to August 2
John P. Buwalda, Ph.D., Dean of the Summer Sessions
John N. Force, M.D., In charge of Public Health Courses

University of Iowa----------Iowa City
June 9 to July 18
C. H. Weller, Ph.D., Director of the Summer Session
Don M. Griswold, M.D., Director of the Public Health Summer School

University of Michigan----------Ann Arbor
June 23 to August 2*
E. H. Kraus, Ph.D., Dean of the Summer Session
John Sundwall, M.D., Ph.D., In Charge of Public Health Courses

*Certain courses at the University of Michigan will continue two additional weeks.

Requests for announcements should be addressed to the Deans of the Summer Sessions.

Advanced Degrees.

During the next decade, hundreds and thousands of men and women will enter various kinds of public health work. A few will come from schools of public health with the M.D., D.P.H., or other special public health degree. A much larger number, probably, will enter public health work directly from private medical practice, from private nursing and from other occupations allied to public health work, without the advantages of special training for which an advanced public health degree stands.

The public health summer school has been established for such persons, also for physicians and others who have already entered the field of public health —sometimes rather suddenly—without having had the opportunity of special academic training. Those of either group may select at a conveniently located summer school two or more courses which will prove to have immediate value ublic health work or, in any form reventive medicine, irrespective of cademic credit to be gained. Many, perhaps, will wish to consult at once dean of the graduate school of the versity at which they decide to do th work, so that a program of courses be arranged which will lead to C.P.H., A.M., M.S. Ph.D., Sc.D., D.P. or other advanced degree.

Most of the courses given by the U versity of California and the Universi of Michigan may be counted towards a advanced degree. Nearly all the course offered by Columbia University and th University of Iowa are regularl scheduled for credit; those not specifi cally so indicated may be taken for credi by arrangement with the appropriate department or the dean of the college concerned.

Training for Practicing Physicians in Preventive Medicine and Public Health.

An increasing proportion of the 145,000 physicians and surgeons of the United States are engaging in various forms of preventive medicine and public health work. Pediatricians are beginning systematically to provide for the health of babies for a specified period of time after birth. An increasing number of private practitioners are giving periodic health examinations. Approximately 12,000 to 20,000 physicians are engaged on a part-time or full-time basis in special clinics and general dispensaries. Others are becoming employed by tuberculosis associations and various private health agencies. Still others are joining the staffs of county, municipal, state and federal health organizations.

For most of these various types of work, the practicing physician finds himself in need of additional training. Some have sufficient initiative and resourcefulness to obtain this training in the course of their new work. A considerable majority, however, may welcome a chance to obtain up-to-date instruction in a more systematic way. They will find in the public health summer schools of 1924 a unique opportunity for such training. Innumerable combinations of courses are possible. Every physician who has already entered or is planning to enter some phase of preventive medicine or of public health work in connection with his private practice or who intends to become associated with some health agency will be able, at any one of the public health summer schools, to find the type of training he needs to enable him to develop greater efficiency in his new work.

❦ ❦

IT IS IN THE POWER OF MAN TO MAKE ALL INFECTIOUS DISEASES TO DISAPPEAR FROM THE WORLD—PAS TEUR.

Digitized by Google

Prenatal Letters Being Distributed.

Dr. Ellen S. Stadtmuller, Director of the Bureau of Child Hygiene of the California State Board of Health, has prepared a set of printed prenatal letters, a sample of which has been sent to each of 5500 registered California physicians. These letters have been favorably received by medical practitioners, many of whom have sent lists of patients to whom the letters are to be mailed, month to month, by the Bureau of Child Hygiene. Others have asked that a supply of the letters be sent to them for their own distribution to patients. Either method of distribution is agreeable to the bureau.

This set of nine prenatal letters is written in clear, easily understood language and is designed for mailing one each month during pregnancy and the final letter after childbirth. It is hoped that these letters may be a factor in reducing maternal and infant mortality. While they are designed, primarily, for giving plain common-sense advice to those expectant mothers who do not know how to take the necessary care of themselves during the prenatal period, they are by no means to be considered as useful only for the ignorant and uneducated. Any expectant mother will find in these letters a record of definite instructions that may be considered scientifically sound. They are, to be sure, supplementary to the medical advice that must be given to each individual patient to fit her particular case and are not useful to expectant mothers who may not have placed themselves under competent medical care during the prenatal period.

Announce Examination For Technicians.

The Los Angeles County Civil Service Commission announces an examination for technician (pathological laboratory) which is open to residents of California. Application forms may be obtained from Dr. I. C. Hall, Department of Bacteriology, University of California, Berkeley, or of the Los Angeles County Civil Service Commission, 1007 Hall of Records, Los Angeles, or the San Francisco Civil Service Commission. The examination will be held in San Francisco and in Los Angeles on June 12, 1924. Applications should be filed immediately.

Scarlet Fever To Be Brought Under Control.

Dr. Abraham Zingher of New York, said recently at the meeting of the Medical Society of the State of New York: "I am convinced that the Dick test will be the means to stamp out scarlet fever. In the laboratories in New York, we have been able to produce an antitoxin, 10 c.c. of which will neutralize fifty thousand times the skin dose. This antitoxin will keep better than diphtheria antitoxin, which is a great advantage in commercial preparations. As yet we have not found a method for standardizing the antitoxin through animals. The Dick test is positive in the early stages of scarlet fever, and negative in the later stages because of formation of antibodies. The same toxin is used for the skin test as is used in active immunization. Within a year we shall be able to rewrite the history of the epidemiology of scarlet fever."

Monterey Immunizes Against Diphtheria.

The Monterey County Health Department under the direction of Dr. R. C. Main, county health officer, has immunized 600 children against diphtheria. Most of these children reside in the northern part of Monterey County. None of those living south of Gonzales have, as yet, received toxin antitoxin from the county health department.

MORBIDITY.*

Diphtheria.

235 cases of diphtheria have been reported, as follows: Los Angeles 58, San Francisco 51, Long Beach 15, Pasadena 5, Los Angeles County 10, Sacramento 10, Berkeley 6, Oakland 27, Contra Costa County 2, Lodi 1, Whittier 1, San Bernardino County 1, Fresno County 4, Sacramento County 1, Ceres 1, Sanger 2, Butte County 1, San Leandro 2, San Rafael 1, Larkspur 1, Amador County 1, Woodland 1, Daly City 2, Sonoma County 2, San Jose 1, Santa Clara 1, Pomona 1, Santa Cruz County 1, Modesto 3, Richmond 2, Santa Clara 3, Hawthorne 2, San Joaquin County 1, Merced 1, Stockton 2, Watsonville 1, San Fernando 1, Riverside 1, Petaluma 2, Ukiah 1, Alameda 4, San Bernardino 1.

Scarlet Fever.

150 cases of scarlet fever have been reported, as follows: Los Angeles 33, San Francisco 23, Los Angeles County 11, Orange County 5, Woodland 5, Kern County 7, Fresno 5, San Jose 2, Glendale 3, El Monte 1, Fresno County 1, Bakersfield 1, Sanger 4, Berkeley 1, Burbank 2, Long Beach 1, Ontario 1, Colusa 3, Colusa

* From reports received on May 26th and 27th for week ending May 24th.

Digitized by Google

County 1, Livermore 1, Taft 1, Visalia 1, Lodi 2, Stockton 1, Whittier 2, Huntington Park 1, Alameda County 1, Napa 2, Sonoma County 2, Corona 1, Santa Clara County 4, Chula Vista 3, Pomona 3, Riverside 1, Burlingame 1, Santa Ana 2, Fullerton 3, Mountain View 4, Oakland 4.

Measles.

856 cases of measles have been reported, as follows: Los Angeles 141, Pasadena 108, Los Angeles County 107, San Francisco 26, Long Beach 32, Whittier 45, Brawley 8, South Gate 7, El Segundo 8, Hawthorne 8, Orange County 20, Huntington Park 12, Alhambra 12, Compton 12, Tracy 12, Stockton 7, Manteca 9, Red Bluff 15, Santa Monica 8, Corona 7, San Bernardino County 6, Lemoore 5, Culver City 17, Huntington Beach 21, Fresno 15, Berkeley 21, Sacramento 13, Riverside 7, Lassen County 11, Watts 15, Santa Barbara 9, South Pasadena 8, Fullerton 8, Oakland 21, Colton 1, Kern County 3, San Jose 3, Claremont 1, Santa Clara County 4, Martinez 1, Redondo 1, Hermosa 1, San Gabriel 3, Mill Valley 3, Clovis 1, Beverly Hills 1, Sonora 2, Sanger 1, Glendora 1, Pomona 1, Monrovia 3, Glendale 4, Fresno County 2, Tulare County 3, Ventura 1, Anaheim 1, Orange 1, Merced County 2, Santa Ana 1, Madera 2, Selma 3, Chico 1, Monterey County 1, San Joaquin County 1, Lodi 2, Benicia 1, Tehama County 1, San Luis Obispo County 3, Rialto 4, Mountain View 1, Beaumont 2, Alameda 1, Eureka 1, Walnut Creek 1, Albany 1, San Bernardino 3.

Smallpox.

204 cases of smallpox have been reported, as follows: Los Angeles 89, Los Angeles Count 40, Watts 13, Long Beach 8, San Bernardin 5, Ontario 13, Glendale 2, Fresno County 3 Burbank 1, Tulare County 1, Anaheim 2 Huntington Beach 4, Selma 1, Fresno 1 Colton 1, Ventura County 1, Orange County 2 South Gate 1, San Gabriel 1, San Jose 1 Redondo 1, Hermosa Beach 3, Kern County 2 Lassen County 1, Huntington Park 4, Sant Monica 2, Rialto 1.

Typhoid Fever.

9 cases of typhoid fever have been reported as follows: Imperial 1, Madera County 1 Fresno County 1, Alhambra 2, Fresno 1 Sacramento 1, Los Angeles 1, Oakland 1.

Whooping Cough.

48 cases of whooping cough have been re ported, as follows: Los Angeles 8, Los Angele County 8, Berkeley 5, Oakland 1, Orange 1 Alameda County 5, Santa Ana 2, Fresno 4 Sierra Madre 3, Paso Robles 1, San Francisc 1, Alhambra 1, Long Beach 4, Orange Count 2, Santa Barbara County 2.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have bee reported, as follows: Los Angeles County 1 Santa Clara 1.

Epidemic Encephalitis.

San Francisco reported one case of epidemi encephalitis.

Rocky Mountain Spotted Fever.

Lassen County reported one case of Rock Mountain Spotted Fever.

COMMUNICABLE DISEASE REPORTS.

DISEASES.	1924				1923			
	Week ending			Reports for week ending May 24 received by May 27	Week ending			Reports for week ending May 26 received by May 29
	May 3	May 10	May 17		May 5	May 12	May 19	
Anthrax	0	0	0	0	1	0	0	0
Cerebrospinal Meningitis	5	1	1	2	4	2	1	0
Chickenpox	410	367	353	260	272	295	343	228
Diphtheria	194	207	244	275	167	154	167	142
Dysentery (Bacillary)	1	1	1	0	1	0	1	2
Epidemic Encephalitis	2	2	0	1	2	1	1	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	176	97	67	76	106	94	113	69
Influenza	21	26	19	14	461	64	18	32
Leprosy	0	0	1	0	3	1	0	1
Malaria	2	4	2	3	5	4	3	3
Measles	1110	1347	846	856	1268	1418	1403	960
Mumps	53	56	83	96	24	36	24	34
Pneumonia	161	49	52	42	59	67	60	43
Poliomyelitis	0	1	0	0	0	0	2	1
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	1	1	0	1	0	0	0	0
Scarlet Fever	232	204	211	150	173	202	171	146
Smallpox	360	278	276	204	43	29	42	36
Syphilis	194	131	91	75	77	180	147	74
Tuberculosis	184	174	221	206	136	190	143	145
Typhoid Fever	16	13	24	9	18	20	12	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	84	62	55	48	257	259	224	135
Totals	3157	3011	2557	2278	3077	3056	2885	2059

CALIFORNIA STATE PRINTING OFFICE

O

24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917

Vol. III, No. 17 JUNE 7, 1924 GUY P. JONES EDITOR

Register Now for Nurses' Institute.

The third annual institute for public health nurses, in cooperation between the Summer Session of the University of California and the California State Board of Health, will be held at Berkeley, July 14th to 25th. Any nurse who has had at least one year of experience in public health nursing is eligible for attendance. Application forms may be obtained by writing to the Secretary, State Board of Health, Sacramento.

Sessions will be held during the afternoons of each day. This will leave the mornings free for nurses to visit clinics and health centers in San Francisco, Oakland, Alameda and Berkeley, if they care to do so. Among such institutions are the following:

Berkeley Health Center, Berkeley.
Alameda County Health Center, Oakland.
Alameda City Health Center, Alameda.
Ethel Moore Memorial, Oakland.
Baby Hospital, Oakland.
Stanford Out-Patient Department, Stanford University Medical School, San Francisco.
San Francisco Hospital, San Francisco.
Mount Zion Out-Patient Department, Mount Zion Hospital, San Francisco.
Children's Hospital, San Francisco.

Recommendations will be made for attendance at these institutions, according to the particular line of work in which nurses may be interested.

The regular Summer Session of the University of California will be under way at the same time that the institute will be held. Faculty members who will be giving courses during the regular session will undoubtedly be available for lectures at the institute. Among them are the following from outside of the state:

Dr. Richard A. Bolt, Director of Medical Service, American Child Health Association, Washington, D. C.
Dr. Carl G. Hartman, Associate Professor of Zoology, University of Texas.
Dr. Stuart Alfred Queen, Professor of Sociology, University of Kansas.
Dr. Philip B. Hawk, Director of Research Laboratory, McAllister Hawk School, Massachusetts.
Dr. Robert Harvey Gault, Professor of Psychology, Northwestern University.
Dr. Ernest Bryant Hoag, University of Southern California.
Dr. Knight Dunlap, Professor of Experimental Psychology, Johns Hopkins University.

While it is believed that there will be ample accommodations for all nurses who desire to attend the institute, it is suggested that those who expect to come file their applications immediately, in order that they may be assured of registration.

Dr. Yarros Talks to Social Workers.

Dr. Rachel Yarros, of Chicago, National Chairman of Social Hygiene, General Federation of Women's Clubs, is in California. She recently addressed the California Conference of Social Work upon the subject "The Relation of Public Health Work to Maladjustment."

Digitized by Google

Plague Is Still Epidemic In India.

Once more the people of the Punjab have to endure an epidemic of plague. The latest available statistics show that, during the week ending April 5, 9000 deaths from plague have occurred. Owing to the severity of the outbreak, the Punjab government has ordered the closing of all courts. Panic prevails in the city of Lahore, where forty deaths are occurring daily. Many houses are deserted, and the more prosperous classes have removed to healthier localities. Vigorous measures are being taken by the public health department, and disinfection and inoculation are being carried out on an extensive scale. The number of rats destroyed exceeds 30,000. Segregation camps of brick huts have been erected outside the city. Over the greater part of India, the population during the last four years has come to regard plague as a thing of the past. Only in the Punjab does it recur each spring to remind the country of its existence. The disease has now weighed heavily on this province since 1900, and in the worst seasons the results have been calamitous. In 1906, the deaths in the Punjab rose to 675,000. Since 1900, the Punjab has lost 3,000,000 persons out of a total for the whole of India amounting to 10,250,000. The appearance of plague in India was first announced in Bombay in September, 1896. Within a month, frightened crowds were fleeing from the city, and by the end of the year the population had fallen by 150,000, and the fugitives had carried disease to every corner of the presidency. The health authorities have waged a vigorous campaign, which would have been more successful but for the ignorance and prejudices of the people.—London Correspondence, Journal of the American Medical Association, May 17, 1924.

Dr. Dickie Heads Social Work Conference.

Dr. Walter M. Dickie, Secretary of the California State Board of Health, was elected President of the California Conference of Social Work at the annual session held in Long Beach, May 25th to 29th. Dr. Miriam Van Waters of Los Angeles was elected vice-president, and A. B. C. Dohrmann of San Francisco was reelected treasurer. The 1925 conference will be held in Sacramento.

Team Work Among Health Officers.

A man who discovered that his neighbor's house was being burglarized and kept the discovery to himself would be open to serious criticism. The fear of getting "mixed up in a bad mess" would not deter a good citizen and conscientious neighbor from prompt action. The same principle should be applied to official relations between health officers, especially those whose districts adjoin each other.

Health officers who discover that cases of communicable disease, or carriers, have left their districts and gone into others, should and usually do notify the health officers of the other districts promptly, this being an established procedure. There are other occasions, however, when health officers come into possession of information which would be of value to fellow officers and fail to pass it on, sometimes because of indifference, but more often fearing that they will be regarded as having "butted in."

Discovery of serious violations of quarantine regulations, apparently unisolated cases of communicable diseases, a recently established labor camp which may contaminate a public water supply, a possible source of contamination of a milk supply, are concrete examples. Friendly and judicious team work among health officers will promote efficiency, make the work easier and life happier.—Health News, New York State Department of Health.

Eureka Discovers a Typhoid Carrier.

Dr. John N. Chain, health officer of Eureka, has concluded an investigation that resulted in the discovery of a typhoid carrier upon a small dairy supplying milk to customers in Eureka. It was found that all of the six cases of typhoid that have occurred in Eureka since 1921 were in persons who used milk from a two-cow dairy. Examinations of specimens from the proprietor of the dairy, made in the State Hygienic Laboratory at Berkeley, proved him to be a carrier. He has been placed under the supervision of the local health department, and will not handle any food to be used by other persons, until such time as he may no longer be a carrier of typhoid.

Highway Eating Places Inspected.

Eating places along the highways, on the coast and valley routes between Los Angeles and San Francisco, have recently been given rigid inspection by Mr. C. B. Heizer, food inspector of the California State Board of Health. More than a hundred of these places, along the roadside, where the traveling public is accustomed to eat, were inspected. Most of these eating houses presented clean exteriors, but were not always found in sanitary condition. Score cards were used and ratings given to each institution visited. Local health officers were given copies of these scores and were requested to correct any insanitary conditions that may have been discovered. A reinspection of all places that failed to make the necessary grade will be made in July.

The most common insanitary condition discovered was the fly-breeding nuisance and the failure to keep flies out of dining rooms and kitchens. While practically all of the places inspected were screened properly, there was conspicuous carelessness in leaving screened windows and doors open, giving free access to flies.

Lack of tight, metal covered garbage cans is also common in highway eating houses. In every case, where such a container was not present, instructions were given to provide adequate facilities for garbage disposal, without delay.

Ice boxes and refrigerators, generally, are not found in clean condition. This inspection indicated that there is need for using better methods in keeping restaurant ice boxes and refrigerators clean. Furthermore, as a matter of economy, it pays to keep refrigerators clean, as foods keep better and taste better if kept in clean containers.

Most of the attendants in the restaurants inspected evidently used clean methods in handling and preparing foods. An occasional offender was found and he was instructed to change his methods. Carelessness and ignorance were generally found as the sources of such violations.

These inspections constitute a part of the California State Board of Health's program for protecting the health of the traveling public. The summer tourist season is now starting its seasonal rise and it is necessary that the traveling public be assured of the cleanliness of the foods provided at eating places that cater to tourists. With the full cooperation of all local health officers, the best of sanitary conditions can be maintained in all such places where foods are offered for sale.

Public Health Nurses Elect Their Officers.

At the recent convention of the California State Organization for Public Health Nursing, held in Pasadena, Mary E. Davis, of the Bureau of Child Hygiene of the California State Board of Health, was elected president for the ensuing year. Sidney F. Maguire, secretary of the Los Angeles Tuberculosis Association, was elected vice president, and Reba H. Ingalls, children's agent, State Board of Control, was elected secretary. Dr. Walter M. Dickie, secretary of the California State Board of Health and Dr. Chas. D. Lockwood of Pasadena were made members of the organization.

Dr. Gillihan Addresses Conference of Social Work.

Dr. Allen F. Gillihan, state district health officer, addressed the California Conference of Social Work at Long Beach, May 29th, upon the subject "Communicable Diseases of Childhood."

Dr. Ellen S. Stadtmuller, director of the Bureau of Child Hygiene of the California State Board of Health, spoke at the same session upon "The Pre-School Drive."

Dr. Alvin Powell, director of the Alameda County Health Center, presented a paper at the same meeting upon "Community Health Demonstrations."

Surgeon Lumsden in California.

Surgeon L. L. Lumsden of the United States Public Health Service, who is active in the promotion of rural sanitation, is now in California. He will remain for a short time, during which interval he will visit the San Joaquin Health District and other full-time county health units.

MORBIDITY.*

Measles.

565 cases of measles have been reported, as follows: Los Angeles 102, Los Angeles County 80, San Joaquin County 27, Whittier 14, Oakland 12, Berkeley 9, Manteca 16, Sacramento 7, Riverside 8, San Francisco 16, Alhambra 6, Redondo 7, San Bernardino 11, Corona 19, Sierra Madre 6, Santa Barbara 5, Beverly

* From reports received on June 2 and 3 for week ending May 31st.

Digitized by Google

Hills 7, Huntington Beach 12, Orange County 6, Santa Monica 8, Glendale 9, Compton 14, San Fernando 11, Long Beach 13, Pacific Grove 6, Kern County 6, Pasadena 59, Colton 1, Stockton 2, Huntington Park 3, Monrovia 3, Glendora 2, El Monte 1, Hawthorne 3, El Segundo 1, Torrance 1, Hermosa 3, Dixon 4, Santa Rosa 1, Sonora 1, San Bernardino County 2, Grass Valley 3, Gridley 2, Tehama County 2, Red Bluff 1, King City 1, Fresno County 1, Burbank 1, Culver City 2, Fresno 3, Banning 1, Redding 4, Santa Clara County 1, Rialto 1, Alameda 1, Fullerton 2, Merced County 6, South Pasadena 1, Davis 2, Bakersfield 1, Marysville 4, Riverside County 1.

Diphtheria.

234 cases of diphtheria have been reported, as follows: Los Angeles 68, San Francisco 49, Oakland 23, Sacramento 8, San Fernando 9, Los Angeles County 12, Long Beach 11, Modesto 2, Daly City 3, El Cerrito 1, Santa Rosa 1, Santa Barbara 2, Hawthorne 2, Merced County 2, Contra Costa County 2, Gridley 2, Colton 1, Orange County 2, Salinas 1, Stanislaus County 1, Fresno County 1, Lynwood 5, Glendale 1, Riverside 1, San Gabriel 1, Santa Clara County 1, Santa Monica 1, Hemet 1, Pomona 1, San Bernardino County 2, Emeryville 1, San Leandro 1, Alameda County 4, Alameda 4, Berkeley 4, Pasadena 3.

Scarlet Fever.

145 cases of scarlet fever have been reported, as follows: Los Angeles 50, Oakland 12, San Francisco 17, Los Angeles County 5, Pomona 5, Patterson 1, South San Francisco 2, Santa Clara County 1, Colusa County 1, Stockton 1, Alameda County 3, Orange 2, Eureka 1, Santa Ana 1, Burbank 2, Orange County 3, Santa Monica 1, Glendale 3, Fresno County 3, Fresno 4, Lynwood 1, Colusa 1, South Gate 1, San Gabriel 1, Glendora 1, El Segundo 1, Sonoma County 1, Long Beach 1, Napa 1, Marin County 2, Santa Barbara 4, Riverside 3, Sacramento 1, Merced County 1, Mountain View 4, Sierra County 1, Riverside 1, Pasadena 1.

Smallpox.

172 cases of smallpox have been reported, as follows: Los Angeles 72, Los Angeles County 38, Long Beach 14, Huntington Beach 10, Santa Monica 5, Orange County 5, Fresno County 3, Huntington Park 1, Fresno 3, Whittier 2, San Francisco 1, San Fernando 1, Los Banos 1, San Bernardino 4, South Gate 2, San Bernardino County 1, Redlands 1, Ontario 3, Burbank 1, Compton 1, Kern County 3.

Typhoid Fever.

15 cases of typhoid fever have been reported, as follows: Oakland 1, San Francisco 1, Los Angeles County 2, Los Angeles 2, Eureka 3, Dinuba 1, Imperial County 2, Glendale 1, Upland 1, Santa Ana 1.

Whooping Cough.

30 cases of whooping cough have been reported, as follows: Riverside 9, Los Angeles 8, Oakland 1, Alameda 4, San Francisco 1, Long Beach 3, Los Angeles 1, Sacramento 1, Santa Ana 1, Chico 1.

Cerebrospinal Meningitis.

Stockton reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Butte County 1, Oakland 1, Los Angeles 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1923–1924				1922–1923			
	Week ending			Reports for week ending May 31 received by June 3	Week ending			Reports for week ending June 2 received by June 5
	May 10	May 17	May 24		May 12	May 19	May 26	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	1	2	1	2	1	0	0
Chickenpox	367	353	288	255	295	343	251	166
Diphtheria	207	244	254	234	154	167	167	119
Dysentery (Bacillary)	1	1	2	0	0	1	2	3
Epidemic Encephalitis	2	0	1	3	1	1	2	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	97	67	82	80	94	113	82	105
Influenza	26	19	23	12	64	18	32	20
Leprosy	0	1	0	0	1	0	1	0
Malaria	4	2	4	7	4	3	3	2
Measles	1337	836	891	565	1418	1403	1084	911
Mumps	56	83	107	72	36	34	35	25
Pneumonia	49	52	42	29	67	60	49	64
Poliomyelitis	1	0	0	0	0	2	1	2
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	204	221	157	145	202	171	168	142
Smallpox	277	276	224	172	29	42	30	19
Syphilis	131	91	78	107	180	147	85	54
Tuberculosis	174	221	252	150	190	143	182	83
Typhoid Fever	13	34	10	15	20	12	10	10
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	62	55	51	30	299	224	167	96
Totals	3009	2557	2468	1877	3056	2885	2351	1825

0179 6-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 18 JUNE 14, 1924 GUY P. JONES EDITOR

Rats and Ground Squirrels.

RADIO TALK No. 8.

Rats and ground squirrels are responsible for the spread of plague, as well as other infectious diseases, and they cause economic losses estimated at fifty million dollars, annually, in the United States. The cultivated grains constitute the favorite food of both rats and ground squirrels, but rats also display a great fondness for food products made of grains, such as breat, cake and macaroni. Rats also eat all of the foods that human beings eat: fruits, vegetables, meats, milk, butter, cheese, eggs and an endless variety of similar foodstuffs, enabling them to thrive wherever these products are available. Ground squirrels are particularly destructive of growing grain, eating the tender sprouts and destroying the plants until the crop matures.

Rats, ordinarily, breed faster than they are destroyed. It is estimated that, in most cities, there are as many rats as there are people and in the thickly populated rural districts it is said that there is a rat for every acre of ground. Since they seek their food mostly at night, few people realize the immense numbers of these rodents that are fed at the expense of the community. They fairly swarm along wharves and river fronts, in sewers, warehouses, markets, garbage dumps and all places where food may be abundant.

The best way to destroy rats is to starve them, by cutting off their food supplies. This may be done by rat-proofing all buildings, thus making it impossible for them to enter and by keeping garbage in tightly closed metal containers. They may also be trapped and poisoned, but cutting off their food supplies is the surest and most effective method of extermination. Ground squirrels may be destroyed by poisoning or suffocating them in their burrows.

Both of these rodents are responsible for the transmission of plague, one of the most rapidly fatal of all known diseases. This disease is actually transmitted by fleas that make their homes on these rodents. On the outskirts of cities rats and ground squirrels are frequently found occupying the same burrows. This contact makes it a very simple matter for plague to be transmitted from the rat to the squirrel population. Hunters, sometimes when choice game is not available, shoot ground squirrels which are said to make a delectable stew. This practice is not safe and should be discouraged, for the squirrels may be suffering from plague and infected fleas upon their bodies will quickly leave the cold, dead squirrels for any warm body that may come along. Many cases of plague in human beings have been contracted in this manner.

There can be no good excuse for the existence of either rats or ground squirrels. They destroy our foodstuffs and infect us with communicable diseases. Premises that harbor rats are a source of danger to the occupants and to all the residents of the community. The presence of rats should never be tolerated. They are tenacious of life and continuous warfare is required for their destruction. Their extermination is a matter of necessity, however, for it is doubtful if civilization has any enemy more destructive or more dang than the rat.

Digitized by Google

Los Angeles Launches Industrial Hygiene Plan.

The Los Angeles City Health Department, taking recognition of the fact that the Pacific coast is destined to be one of the greatest manufacturing centers, has taken action leading to the adoption of a definite program in the promotion of industrial hygiene. J. H. Childs, sanitary engineer in the Los Angeles City Health Department, says:

"We are already a center of considerable importance in the oil refinery industry, in the meat packing industry, in the cannery industry, in the rubber goods industry, in the manufacture of automobile accessories and electrical appliances, not to mention the numerous small industries that are necessary to supply the needs of millions of people.

The study of this problem involves the study of the following questions:

1. What are the dangerous trades and remedial agencies?
2. What industries require the public be protected from their waste products, from a sanitary point of view, including disposal of industrial wastes, smoke, fumes, and vapors, odors and dust?
3. What state and federal laws are now on the statute books regulating these matters and by whom, and to what extent are they enforced?
4. A study of existing city ordinances to determine what additional legislation will be required, if any.

It must be recognized at the outset that in order to be successful in this work we must serve equally well the employer, the employee, and the public at large.

It shall not be our policy to hinder any industry by severe and restrictive requirements. Some industries require encouragement, and the department must have sufficient authority to use discretionary judgment so as to provide reasonable safety for life, limb and health; so that in cases of practical difficulty or unnecessary hardship the department may grant exceptions from the literal requirements of the existing or future codes or permit the uses of other devices or methods, but only when it is clearly evident that equivalent protection is thereby secured. In a brief way we will discuss some of these questions. In the matter of safety appliances and safety education, that is at the present very well taken care of by the State Industrial Accident Commission. Generally those occupations which give rise to dusts, either mineral, metallic, animal, vegetable or mixed dusts, are regarded as inimical to the health of the worker.

The metallic dusts are given off in a classes of metal polishing, especiall where the emery wheel or wire brushe are used, metal workers, tool worker brass founders, etc.

The mineral dusts are to be guarde against in all forms of stone cutting polishing. The consumptive rate is ve high especially with gem finishers, sto cutters and mica workers.

Animal dusts are dusts arising fro woolen mills, boot and shoe industri hat manufacturers, brush manufacture

The vegetable dusts are to be e countered in milling and baking esta lishments, hardwood polishing establis ments, grain elevators, tobacco factori carpet and rug factories, and the text industries using cotton and flax.

Industrial poisoning results principa from working with lead, brass and c per, arsenic, phosphorus and handling dipping of the hands into solutions these minerals allowing them to reach digestive tract or to be absorbed throu the skin.

There is an excellent law in the St statute books in regard to sanitary quirements in industrial establishme where women work, but there is no requiring decent sanitary accommo tions for women employees doing o work or clerical work or engaged salesmanship. And these accommo tions are conspicuous by their abse In most of our newest and most mo office buildings of Los Angeles t accommodations have been omitted tirely or very inadequately taken car

Air is an important essential to h of human beings and the eliminatio dust from the air supply is hi desirable under the best conditions is absolutely imperative under conditions.

Also the controlling or re humidity within the range of thirty per cent is desirable whenever pos The Health Department should ha inspector or inspectors, experienc ventilation, sanitation, dust, smok fume regulation and the depar should be given reasonable latitu legislation to establish rulings with law to require approval of plans p ing installation; to require special equipment for special cases such a filters or air washers, for air s where the same is dust laden; to r fans to meet emergencies and abn conditions where the air distribut deficient; to require the installati hood and exhausts, etc.; it being clear in the legislation that such la should in no case include the ri

Digitized by Google

reduce the legal requirements. Definite penalties for repeated violations are indispensable to get practical results.

Now in regard to the industries where the waste products have to be especially watched, there are packing houses, canneries, reduction plants, laundries, creameries, etc.

Education along sanitary lines is of course essential. The employer must be shown that it is decidedly to his interest to provide:

First—Proper drinking water,
Second—Good ventilation,
Third—Sanitary toilets,
Fourth—Proper light,

as a minimum requirement; that accidents to workmen and sickness of workmen impair efficiency and increase his unit costs; that the usual routine is interrupted as a green man is necessary or machines stand idle; hence production is lessened and quality reduced. Action for damages or compensation may result, but if he does take these measures to protect the health of his employees he will get increased efficiency, loyalty and cooperation.

The employees must also be shown that accidents and disease mean—loss of income, increase of expense, impaired health, worry and suffering. And that they must cooperate and promote all means used for their protection and do all in their power to assist in preventing any abuse for that which has been provided for their safety and comfort.

I feel that with these safeguards our industries will develop in Los Angeles on a high plane and a stable foundation and that our plans of industrial hygiene are in line with our other plans in which Los Angeles does not follow, but leads the world."

Man in Imperial Dies of Rabies.

A man living in Imperial county was bitten by a rabid dog about December 1, 1923. The head of the animal was sent to the State Hygienic Laboratory, where an examination proved the animal to be rabid. The same dog also bit a boy, who received the Pasteur treatment for the prevention of rabies and who is well at the present time. The man refused to take the Pasteur treatment: he developed rabies and died a horrible death, May 15, 1924. Following is a portion of the attending physician's report of the case:

"Patient had been feeling nervous and excitable for two weeks. Wife and neighbors described him as sullen and hard to get along with. He threatened one neighbor. On May 12th he came to my office, saying that his left arm and shoulder were cold and tingled and that there was pain across the front of his chest. On May 14th he started to come to my office. He was thirsty and tried to take a drink of water, but could not swallow. He had a convulsion and was taken to a hospital. He did not say anything about the difficulty in swallowing but in attempting to take medicine, became nervous, excited and was unable to swallow it. He denied all history of the dog bite. At any noise or if a breeze blew over him he would have a convulsion. Was mentally clear between attacks, but seemed to have a foreboding of death and begged to be saved. Spent a very restless night and early in the morning of the next day he became violent, threatening to kill attendants and going from one convulsion into another, at five minute intervals. At about ten o'clock he began to froth at the mouth and convulsions came one after another at intervals of one minute. His mind was still clear between convulsions and he now admitted that he had been bitten by the rabid dog and that he knew what was the matter with him all of the time. After continuous convulsions for thirty minutes he became quiet for five minutes and passed away at one p.m.

Bureau of Chemistry Representative Coming.

Mr. W. S. Frisbie, chemist in charge of cooperation, of the Bureau of Chemistry, United States Department of Agriculture, is making a tour of the western states in the interest of cooperation between state and local food and drug departments and the Bureau of Chemistry. He will be in California about the middle of June.

MORBIDITY.*

Measles.

532 cases of measles have been reported as follows: Los Angeles 170, Pasadena 57, Los Angeles County 50, Berkeley 17, Long Beach 25, Redondo 8, Hawthorne 13, Sacramento 18, Orange County 9, Santa Barbara 20, Santa Monica 5, Whittier 7, Alhambra 5, San Bernardino 7, San Francisco 12, Stockton 17, San Joaquin County 12, Oakland 13, Fresno County 3, Colton 1, Humboldt County 4, Merced County 1, Reedley 1, Anaheim 2, Culver City 4, San Bernardino County 1, Sanger 1, Compton 2, San Gabriel 2, Pomona 1, Monrovia 2, Chico 1, Red Bluff 1, Glendale 3, Huntington Park 2, Burbank 1, Napa County 2, Riverside 2, Palo Alto 1, Siskiyou County 1, Santa Clara County 1, Manteca 3, Lynwood 3, Beverly Hills 2, Tehama County 2, Hermosa 2, Colfax 1, Piedmont 3, Yuba

*From reports received on June 9th and 10th for week ending June 7th.

Digitized by Google

County 1, Alameda 1, Fullerton 4, San Luis Obispo County 4, Grass Valley 1.

Diphtheria.

208 cases of diphtheria have been reported, as follows: Los Angeles 57, San Francisco 30, Oakland 25, Alameda 5, Los Angeles County 13, Sacramento County 6, Pasadena 5, Long Beach 9, Sacramento 12, Marin County 1, Santa Clara County 2, Alhambra 1, National City 3, San Bernardino County 2, Merced County 2, Vallejo 1, Stanislaus County 2, Ontario 1, Sonoma County 3, Hawthorne 2, Yuba City 1, Santa Monica 1, Alameda 1, San Bernardino 1, Redlands 1, Glendale 1, Huntington Park 2, Richmond 2, Modesto 1, Fresno County 1, Whittier 1, Napa County 1, Guadalupe 1, Stockton 1, Redondo 1, El Monte 1, Berkeley 3, Visalia 1, Santa Clara 2, Santa Barbara 2.

Scarlet Fever.

143 cases of scarlet fever have been reported, as follows: Los Angeles 28, San Francisco 27, Los Angeles County 11, Oakland 10, Pomona 5, Pasadena 5, Tulare County 5, Alameda County 1, Huntington Park 1, Marin County 5, San Bernardino County 1, San Luis Obispo County 1, Richmond 1, Santa Clara County 1, Orange 1, Merced County 1, Stanislaus County 1, Fullerton 2, Yolo County 1, Taft 1, Sanger 1, Burbank 2, Sacramento 1, Riverside 1, Orange County 4, Long Beach 3, West Covina 1, Kern County 1, Napa 4, Bakersfield 1, Santa Ana 1, Glendale 1, Santa Barbara 2, Colusa County 1, Colusa 2, Fresno County 3, Alameda 2, South San Francisco 1, Compton 1, Alhambra 1.

Smallpox.

173 cases of smallpox have been reported as follows: Los Angeles County 32, Los Angeles 78, Hermosa 7, Long Beach 8, Huntington Park 7, Burbank 6, National City 2, Fresno County 3, Orange County 2, San Gabriel 1, Hawthorne 1, Pasadena 1, San Bernardino 3, Kern County 1, El Segundo 1, Glendale 3, Tulare County 1, San Bernardino County 2, San Francisco 1, Selma 1, Ontario 2, South Gate 3, Oakland 1, Compton 3, Monrovia 1, Alhambra 1, Long Beach 1

Typhoid Fever.

20 cases of typhoid fever have been reported as follows: San Joaquin County 1, Lake County 2, Oakland 1, Los Angeles County 4, Lodi 1, Oroville 1, Los Angeles 3, Santa Ana 1, Pasadena 1, Sacramento 1, San Bernardino 1, Long Beach 1, Orange County 1, Lincoln 1.

Whooping Cough.

36 cases of whooping cough have been reported as follows: Long Beach 4, Alameda 2, Fullerton 1, Hayward 1, San Luis Obispo County 1, Santa Clara County 1, Alameda County 3, San Francisco 2, Los Angeles 4, San Bernardino 1, Los Angeles County 5, Santa Ana 4, Pomona 2, Eureka 1, Visalia 1, Brea 2, San Bernardino County 1.

Cerebrospinal Meningitis.

5 cases of cerebrospinal meningitis have been reported, as follows: Kern County 1, Los Angeles 1, San Francisco 2, Santa Clara County 1.

Leprosy.

Los Angeles reported 1 case of leprosy.

Poliomyelitis.

San Leandro reported one case of poliomyelitis.

Epedimic Encephalitis.

4 cases of epidemic encephalitis have been reported, as follows: Los Angeles 3, Sacramento 1.

Typhus Fever.

Los Angeles reported 1 case of typhus fever.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending June 7 received by June 10	Week ending			Reports for week ending June 9 received by June 12
	May 17	May 24	May 31		May 19	May 26	June 2	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	2	1	5	1	0	0	1
Chickenpox	353	288	303	244	343	251	184	138
Diphtheria	244	254	251	208	167	167	135	67
Dysentery (Bacillary)	1	2	0	3	1	2	5	3
Epidemic Encephalitis	0	1	4	4	1	2	4	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	67	82	86	129	113	82	118	31
Influenza	19	23	14	16	18	32	24	15
Leprosy	1	0	0	1	0	1	0	2
Malaria	2	4	8	10	3	3	2	2
Measles	836	891	603	532	1403	1084	992	821
Mumps	83	107	82	54	34	35	30	23
Pneumonia	52	42	29	85	60	49	67	71
Poliomyelitis	0	0	0	1	2	1	4	0
Rocky Mt.Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	221	157	174	143	171	168	161	99
Smallpox	276	224	184	173	42	30	22	12
Syphilis	91	78	108	155	147	85	55	36
Tuberculosis	221	252	157	201	143	182	92	49
Typhoid Fever	34	10	16	20	12	10	6	19
Typhus Fever	0	0	0	1	0	0	0	0
Whooping Cough	55	51	43	36	224	167	141	111
Totals	2557	2468	2063	2021	2885	2351	2042	1502

) 6-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1923, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 19 JUNE 21, 1924 GUY P. JONES EDITOR

Danger in Home Canned Fruits and Vegetables.

RADIO TALK No. 9.

Mother's home canned fruits and vegetables, if heated sufficiently in the process of canning, are safe for her family to eat. If not subjected to intense heat, however, home canned fruits and vegetables may cause a severe and generally fatal form of food poisoning. The ordinary cold pack method of home canning, which is generally used, is extremely dangerous, unless the contents are boiled for at least fifteen minutes just before serving, with the exception of spinach and corn, which must be boiled for thirty minutes. As a matter of fact fruits and vegetables must be cooked under steam pressure in order to make them absolutely safe. This advice is not given for the purpose of discouraging the home canning of fruits and vegetables but rather for the purpose of informing the public of the facts relative to the many severe outbreaks of food poisoning in Western states caused by eating home canned products.

The chief danger lies in botulism, a poisoning which is produced in the growth of the *bacillus botulinus,* an organism that produces spores and grows in the absence of oxygen and is therefore very difficult to kill by ordinary methods of heating. When the spores have not been completely killed in the canning process, they proceed to grow under the favorable conditions which they find in the interior of the jars used in canning fruits or vegetables.

Corn and spinach must be boiled thirty minutes before serving, because of the fact that these vegetables settle into a compact mass in the jars, requiring a longer period of time for heat to penetrate to the center of the contents. The *bacillus botulinus* finds favorable conditions for growth in the core of jars of such vegetables that have not been heated sufficiently in the canning process. In boiling home canned products, before serving, plenty of water should be used and boiling should continue, actively, during the time periods specified.

During recent years there have been 129 outbreaks of this severe disease, causing 435 cases of illness with 290 deaths, most of which were traced to the use of home canned fruits or vegetables. Among the canned products that caused these outbreaks are asparagus, spinach, beans, corn, peas, apricots and pears. The organism may grow in other fruits and vegetables as well. No chances should be taken with any canned fruit or vegetable that shows any sign of fermentation or other spoilage.

If the fact is borne in mind that the poisoning is not due to the organisms, themselves, but to a poison that is produced in their process of growth and that the poison is easily killed by boiling the canned products sufficiently before serving, there will be no need for discontinuing the practice of home canning. The facts to remember with regard to home canning of fruits and vegetables are:

1. Products cooked under steam pressure are safe for use.

Digitized by Google

2. Products canned by any other method are safe to use if thoroughly boiled for fifteen minutes before serving, except corn and spinach, which should be boiled for at least thirty minutes.

3. Never taste any canned fruits or vegetables that show signs of spoilage. Merely tasting a single bean pod in a jar of home canned beans has caused death.

Certificates Issued To Laboratories.

The following laboratories have been given certificates of approval for public health laboratory service by the California State Board of Health. These certificates have been issued, following inspection by the State Hygienic Laboratory and each certificate specifies the types of work for which each laboratory is qualified.

Alameda City Health Department.
Alameda County Health Center, Oakland.
Bettin, Dr. M. E., Los Angeles.
Berkeley City Health Department.
Brem & Zeiler, Los Angeles.
Children's Hospital, San Francisco.
Eureka City Health Department.
Glendale City Health Department.
Holliger, Dr. Chas. D., Stockton.
Hewitt Laboratory, Bakersfield.
Kern County Health Department.
Lippman & Sugarman, San Francisco.
Los Angeles City Health Department.
Los Angeles County Health Department:
  Main Laboratory.
  Whittier.
  Pomona.
  Alhambra.
  Monrovia.
  Redondo.
Little, Mabel, Oakland.
Long Beach City Health Department.
Martell, Dr. Bessie S., Santa Ana.
Moore-White Clinic, Los Angeles.
Oakland City Health Department.
Oliver & Knapp, San Francisco.
Orange County Health Department.
Pierson, Ruth, San Francisco.
Pacific Wassermann Laboratory, Los Angeles.
Pacific Wassermann Laboratory, San Francisco.
Pasadena City Health Department.
Santa Barbara City Health Department.
Santa Barbara Cottage Hospital.
Scramento City Health Department.
Snyder, Dr. J. R., Sacramento.
San Francisco Health Department.
Sutter Hospital, Sacramento.
San Joaquin Health District, Stockton.
Stanford Hospital, San Francisco.
Victors, Dr. E. A., San Francisco.

Breaking Quarantine Costs Real Money.

Two individuals residing in Orange County were quarantined for smallpox. They left the county hospital before official release and were arrested for violation of the quarantine regulations. Both pleaded guilty and were given their choice of paying $100 fine or spending 100 days in jail. They paid.

Forty-seven Public Health Nurses Pass State Examination.

The following passed the examination for public health nurses, given by the California State Board of Health on May 10th, and have been given certificates as public health nurses:

Adsit, Elizabeth, Berkeley, Cal.
Allen, Ethel Nowlan, San Diego, Cal.
Bagley, Olive C., San Francisco, Cal.
Bennett, Janet Wittich, Los Angeles, Cal.
Berge, Maria Pia, Colusa, Cal.
Beveridge, Elizabeth, Berkeley, Cal.
Biggs, Ida H., Williams, Ariz.
Bowle, L. Maude, Sonora, Cal.
Brooks, Ida L., Berkeley, Cal.
Burnham, Clara W., Berkeley, Cal.
Carneiro, Eugenie, Berkeley, Cal.
Casserly, Mary Edna, Berkeley, Cal.
Chesbro, Muriel M., San Jose, Cal.
Clancy, Leona L., Stockton, Cal.
Cressman, Elsie, Los Angeles, Cal.
Edwards, Katherine, Whittier, Cal.
Fahlberg, Anne K., Los Angeles, Cal.
Fink, Martha Dreisbach, Los Angeles, Cal.
Flagg, Claribel Marion, Maywood, Cal.
Fuller, Katherine E., Berkeley, Cal.
Gibson, May, Los Angeles, Cal.
Gilcrest, Evelyn Weston, Berkeley, Cal.
Granger, Harriet B., Taft, Cal.
Hines, Elizabeth Bannan, Los Angeles, Cal.
Keenan, Lucy, Berkeley, Cal.
Lane, Elizabeth Adele, San Francisco, Cal.
McGrail, Rosetta, Santa Cruz, Cal.
McIntosh, Mildred, Berkeley, Cal.
Madeley, Edith, Sacramento, Cal.
Marcy, Sadie, Los Angeles, Cal.
Miller, Bessie B., Ontario, Cal.
Murray, Ethel Frances, Crescent City, Cal.
Palmgren, Helen, Brawley, Cal.
Rodgers, Grace, Los Angeles, Cal.
Ruel, Frances H., South Pasadena, Cal.
Service, Jane, San Francisco, Cal.
Siemens, Elfreida Edna, Fresno, Cal.
Smith, Jessie I., Los Angeles, Cal.
Taylor, Clara, Los Angeles, Cal.
Tomlinson, Ella, Whittier, Cal.
Tuttle, Clara May, Piedmont, Cal.
Walker, Ann Esther, San Francisco, Cal.
Walker, Eliza A., Berkeley, Cal.
Wellenseik, Alvina M., Lincoln, Neb.
Westendorf, Eleanor, Berkeley, Cal.
Wilson, Marjoria Viola, Berkeley, Cal.

Six Smallpox Deaths in April.

There were six deaths from smallpox in California during the month of April. Two of these deaths were in four-year old children and one aged nine years. The others were eighteen, nineteen and forty-eight years of age. Two of these deaths were in Los Angeles county and four were in San Bernardino county. There were 1746 cases of smallpox reported in California during the month of April.

There should be no more thence an infant of days, nor an old man that hath not filled his days; for the child shall die an hundred years old.—Isaiah LXV:20.

Digitized by Google

How To Revive The Apparently Drowned.

Many persons, every summer, lose their lives through drowning. Many of the apparently drowned could be resuscitated by application, promptly and thoroughly, of the Schafer or prone pressure method of resuscitation. Comparatively few people know of this simple and easily applied method. It requires practically no exertion, as the weight of the operator's body produces the desired effect, and the swinging forward and backward of the body some thirteen times to the minute, for as long a period as required, is not fatiguing and can be accomplished by one person.

Following are the rules for application of the Schafer method. Every vacationist at a water resort should memorize these rules:

Rule No. 1.—Lose no time in recovering the body from the water. Always try to restore life, for while ten minutes under water is usually the limit, yet persons have been resuscitated after having been under water for as long as thirty or forty minutes.

Begin operations immediately after the body has been taken out of the water. Do not lose any time in removing to a sheltered place, but operate on the brink of the water, immediately.

Rule No. 2.—Lay the person face downward, with the stomach resting on a roll of clothing or a small log with your own coat or some garment placed over it so that the head will be a little lower than the rest of the body, and so that the water will run out from the throat and stomach as well as any that may possibly have gained access to the lungs. Wipe dry the mouth and nostrils. Wrap the corner of a handkerchief about the forefinger and clear the mouth of all mucus and slimy substance, right back as far as can be reached. Rip open the clothing on the chest and keep the face exposed to the air by turning a little to the side. Separate the jaws and keep them apart with a cork or a knot tied in a handkerchief, or some other piece of clothing, or a piece of stick with a cloth around it. All this should be discharged within a few seconds.

Rule No. 3.—Remove the roll of clothing, or whatever else may have been used, from under the stomach, and kneel at the side or astride the patient's hips. Place your hands over the lower ribs. Lean forward and let your weight come down directly over the lower ribs. Exert this pressure for three seconds. To count three seconds say, "One thousand and one, one thousand and two, one thousand and three."

Rule No. 4.—Do not remove the hands from the ribs, but release the pressure from the ribs for two seconds by merely sitting back on your heels. To count two seconds, as in counting the three seconds, count, "One thousand and one, one thousand and two."

Rule No. 5.—Again exert pressure straight over the lowest rib for three seconds as described in Rule 3, and then again release pressure for two seconds as described in Rule 4.

Alternate this three-second pressure and two-second pressure about twelve times to the minute until natural breathing is restored.

It must be apparent that this method of resuscitation at once expels the water and produces the identical results of normal breathing.

Rule No. 6.—If another person is present to assist, let him do everything possible. Camphor or ammonia may be applied to the nostrils, but in the event of using ammonia it is well to test it at a reasonable distance from your own nose so as to serve as a guide as to the distance to hold it from the patient.

Rule No. 7.—Do not give up too soon. This is extremely important, inasmuch as it is not always appreciated. Any time within two hours, or even three or four hours, you may be on the point of reviving the patient without there being any previous sign of it.

Send for a physician as soon as possible after the accident. Prevent friends from crowding around the patient and thereby excluding the fresh air.

As soon as natural breathing is restored, remove the patient to a warm bed, where there is a free circulation of air; administer in small doses, stimulants such as hot coffee or hot milk, as soon as the patient can swallow. There is great danger that the patient may contract congestion of the lungs and every precaution should be taken therefore to prevent such a complication.

This Death Might Not Have Occurred.

The State Board of Health makes a practice of securing all possible information concerning every death from diphtheria and has found that most such deaths are due to failure to call a physician early, failure to administer antitoxin soon enough or failure to make use of any treatment at all. In reply to an inquiry concerning the death of a child from diphtheria, a physician writes as follows:

"When I saw this child it was dying in its mother's arms. When I inquired about treatment the child had received the mother said that she was a Christian Scientist and that she was treating it. There was nothing that I could do, the child died in an hour or so after I left. My reason for signing the death certificate was to oblige the coroner and I signed, giving the cause of death as 'Christian Science and Diphtheria'."

Detroit Quarantines Portion of City.

According to news dispatches, the Detroit health department has established a quarantine area covering fifteen city blocks, because of the unprecedented smallpox situation existing in that city. No one is allowed to enter or leave the quarantine area unless he has been successfully vaccinated. Street cars are permitted to pass through the district but are not allowed to make any stops.

Our national health is physically our greatest asset. To prevent any possible deterioration of the American stock should be a national ambition.—Roosevelt.

Digitized by Google

MORBIDITY.*

Diphtheria.

156 cases of diphtheria have been reported, as follows: San Francisco 31, Oakland 24, Los Angeles County 14, Red Bluff 5, Fresno 5, Sacramento 10, Berkeley 5, Santa Clara County 6, San Bernardino County 1, Long Beach 3, Pasadena 2, Butte County 2, Turlock 4, Fresno County 2, Monterey County 1, Riverside 1, Orange County 2, Solano County 1, San Leandro 1, Santa Monica 2, Ukiah 1, Mendocino County 1, Alameda 4, Hayward 1, Piedmont 1, Oxnard 1, El Segundo 1, Redlands 2, Yuba City 1, Alhambra 2, Sonoma County 1, Woodland 1, San Bernardino 1, Stockton 1, Huntington Park 1, Santa Barbara 4, El Monte 3, Pittsburg 1, Vallejo 1, San Jose 3, San Luis Obispo 1, Ventura 1.

Scarlet Fever.

65 cases of scarlet fever have been reported, as follows: San Francisco 18, Oakland 8, Fresno 3, Pasadena 1, Stockton 1, Compton 2, Hawthorne 1, Pomona 1, National City 2, Mendocino County 1, Santa Ana 1, Napa 2, Sutter County 1, Long Beach 1, Fresno County 3, Monterey County 1, Visalia 4, Vallejo 1, Fowler 1, Sanger 2, San Mateo County 2, Colma 1, Orange County 2, Anaheim 1, Sanger 2, San Bernardino County 1, Santa Clara County 1.

Measles.

347 cases of measles have been reported, as follows: Pasadena 66, Los Angeles County 80, Long Beach 23, Whittier 16, San Francisco 7, Orange County 6, Culver City 9, Corona 7, San Bernardino 5, Berkeley 5, Hawthorne 5, Redondo 9, Huntington Park 5, Monrovia 5, Stockton 6, Red Bluff 4, Sacramento 6, Vallejo 5, Oakland 15, Santa Clara County 1, Tehama County 3, Compton 4, Hermosa 3, Tracy 3, Manteca 1, San Joaquin County 1, Chico 4, Davis 1, Dinuba 2, Santa Monica 2, Lompoc 1, Santa Barbara 1, El Segundo 2, Alhambra 2, Watsonville 1, Fresno County 4, Sutter County 3, Fresno 2, Palo Alto 1, Tulare County 1, Riverside 3, Sonoma County 3, Glendale 1, Rialto 3, San Bernardino County 1, Reedley 2, Colton 2, Santa Rosa 1, Calaveras County 1, Anaheim 2, San Jose 1.

Smallpox.

61 cases of smallpox have been reported as follows: Long Beach 9, Corona 5, Santa Monica 5, Lassen County 12, San Francisco 1, Taft 2, Fresno County 2, Burbank 3, San Bernardino 3, Pasadena 1, Selma 3, Hermosa 3, Huntington Park 1, Hawthorne 1, Pomona 1, Fresno 2, Sonoma County 1, Los Angeles County 1, San Bernardino County 3, Rialto 1, Selma 1.

Typhoid Fever.

14 cases of typhoid fever have been reported as follows: Imperial County 1, San Joaquin County 1, Los Angeles County 1, Mendocino County 1, Hayward 1, Tulare County 2, Pinole 1, Orange County 1, Long Beach 1, Santa Ana 1, Sacramento County 2, Siskiyou County 1.

Whooping Cough.

23 cases of whooping cough have been reported, as follows: Fresno 3, Long Beach 4, Pasadena 4, San Francisco 2, Los Angeles County 3, San Gabriel 1, Stockton 3, Santa Ana 1, Hayward 1, Visalia 1.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received on June 16th and 17th for the week ending June 14th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending June 14 received by June 17	Week ending			Reports for week ending June 16 received by June 19
	May 24	May 31	June 7		May 26	June 2	June 9	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	1	5	0	0	0	2	2
Chickenpox	288	303	274	210	251	184	218	140
Diphtheria	254	251	224	156	167	135	124	127
Dysentery (Bacillary)	2	0	7	1	2	5	4	4
Epidemic Encephalitis	1	4	4	1	2	4	2	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	82	86	131	48	82	118	85	108
Influenza	23	14	17	5	32	24	20	12
Leprosy	0	0	1	0	1	0	2	0
Malaria	4	8	11	4	3	2	2	1
Measles	891	603	662	347	1084	992	1138	843
Mumps	107	82	57	65	35	30	32	23
Pneumonia	42	29	103	25	49	67	78	39
Poliomyelitis	0	0	1	0	1	4	0	2
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	157	174	168	65	168	161	164	121
Smallpox	224	184	184	61	30	22	32	23
Syphilis	78	108	157	40	85	55	67	141
Tuberculosis	252	157	205	128	182	92	172	127
Typhoid Fever	10	16	27	14	10	6	25	8
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	51	43	43	23	167	141	148	108
Totals	2468	2063	2281	1193	2351	2042	2205	1830

30179 6-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M D

ROBERT A. PEERS, M. D

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 20 JUNE 28, 1924 GUY P. JONES EDITOR

How To Interpret A Water Examination Report.

Many inquiries concerning the significance of laboratory examinations of water samples are received. The average person does not know what the presence of B. Coli in water may mean and the whole report of an examination of a water supply is Greek to the novice. The California State Board of Health sends a statement with each laboratory report of an examination of water, explaining its significance. This statement reads as follows:

"The California State Board of Health does not examine water for its therapeutic value or physiological effect on the human system, due to minerals contained in the water. The common communicable diseases carried by drinking water are those originating in the human alimentary tract and are therefore carried by sewage and sewage-polluted water. These diseases include typhoid fever, dysentery, diarrhea and cholera.

It is neither necessary nor practicable to examine water for the actual presence of disease-producing organisms. The mere presence of sewage, or the possibility of its getting into water, is sufficient warning of the danger of infection to anyone drinking the water, because at any time such water may carry the organisms of a disease.

The Board, therefore, examines samples of water as its facilities permit, only when submitted properly refrigerated in its own sterile bottles, accompanied by a description of the sanitary surroundings of the supply. Express charges are paid by the applicant. The examination seeks for the presence of organisms prevalent in and characteristic of sewage, and for certain physical and common chemical constituents in water which may affect its potability.

B. Coli are organisms most commonly found in sewage and are considered harmless in themselves. The B. Coli Index is the probable number of B. Coli in 1 cubic centimeter of water (⅛ teaspoon). A B. Coli Index of .1 or more indicates that the water contains such an amount of sewage pollution that it is probably unsafe for drinking purposes. A negative finding is of value as showing that the water was safe only at the time of sampling. When the findings indicate contamination, either slight or serious, a field examination of the surroundings of the supply is urgent. Until the source of the contamination is located and eliminated the water used for drinking purposes should be boiled or properly filtered.

HOW TO JUDGE THE SAFETY OF A SUPPLY.

A clear water is no indication of a safe water, nor is color or odor proof of a polluted water. The quality of a water supply is best judged by a combination of laboratory analyses for evidence of sewage therein, and a field examination to determine what opportunities there are for sewage or sewage-polluted water, intestinal or urinary matter, to enter or contaminate the source in question. *All defects revealed by a field examination should be corrected before seeking laboratory analyses.* Analyses of water from

Digitized by Google

new wells, less than a month old, are valueless.

Common sources of contaminating material are: *sewage in any form, leaky sewers*, nearby *privies* or *cesspools, soil* and *surface drainage* or *surface ground water*, chicken pens, pig pens, corrals, barns, kitchen slops, birds or animals. All of these are objectionable in water. Those in italic type are dangerous. Can they reach the supply?

CONTAMINATION OF WELLS SPRINGS AND SURFACE WATER.

On an average, 5 per cent of the wells examined are found to be contaminated. The majority are contaminated due to (a) defective casing not double cased or concreted, which therefore admits surface water, or (b) defective surface drainage over the top of the well or due to inadequate part of the loose fitting covers which permit soil washed thereon to be washed, blown in, the well by splash or put in deliberately. Most instances of pollution occur in winter or during rains.

The filtering power of the soil is very great. Privy contents are not apt to travel more than 5 or 10 feet in the soil. On the other hand, where cesspools, privies, etc., reach to ground water pollution may be carried through the soil in the ground water 50 feet or more. Where the surface deposits of a porous gravel or so-called SAND formation, it may occur at long distances in sewer wells, water supplies are thereby not fully 1000 feet distant.

Springs should be protected against stock contamination and surface run [illegible]

Surface waters are not safe as they [illegible] watershed is [illegible] roads, trails, [illegible]

Occasional [illegible] contamination [illegible] harmless, [illegible] the water [illegible] covered or [illegible]

[illegible] man [illegible] made is met. [illegible]

United States Pub[illegible] Certificates for Sale.

Uncle Sam [illegible] the arrival of [illegible] The plan is [illegible] the United States [illegible] in which the [illegible] Bureau of the [illegible] signed by the [illegible] the Census may be [illegible] as notification [illegible] the Census it [illegible] from [illegible] Department [illegible]

This Is Sound Mental Hygiene.

Too much of the effort exerted along lines of mental hygiene has necessarily, to do with effects rather than causes. This is due to the comparative newness of all mental hygiene work and the very complicated structure of the entire field. It is doubtful if, in any public health activity, early action in prevention counts for more than it does in mental hygiene. The time to prevent mental abnormalities is in early childhood and the parents' part in this important service constitutes a great responsibility. Dr. Lawson G. Lowrey, director of the Child Guidance Clinic of the University of Minnesota has written a clear, comprehensive statement of the parents' part in child training. He says:

"Do I cause my child to disobey by:

Uttering useless or unreasonable commands?

Contradicting my own commands?

Threatening him and never carrying out the threat?

Stopping everything he starts to do?

[illegible] refusing his requests though they are reasonable?

[illegible] attention to what he says, or interviews with my friends?

Promising and failing to perform?

[illegible] him want to disobey, to the amusement it creates?

Praising my own duties and slighting?

[illegible] expecting disobedience?

[illegible] with him over [illegible]

[illegible] to make him understand [illegible]

[illegible] FAULT.

[illegible] is always the [illegible] means failure to [illegible] children are [illegible] ing is accept authority [illegible] Many [illegible] that the child [illegible] them, but never see that [illegible] insist and unreasonable [illegible] be tolerated by [illegible] can readily detect obedience [illegible] which [illegible] commands [illegible] me to follow up [illegible] remember. Then when [illegible] comes up one such [illegible] the child is absolutely [illegible] has no way of disobeying [illegible] thousand times [illegible] which he is [illegible] Then he is there [illegible] furnished. So he [illegible] he might as well con-

Digitized by Google

tinue to do as he pleases, since his own rights are never considered.

Some children always get "no" for an answer to requests. They are stopped from doing anything they start, even though it be of great importance to them. They are hedged in by constant restrictions from everything which their need for play and activity prompts. Surely they are not at fault when disobedience occurs.

SHOULD SET GOOD EXAMPLE.

The example of the parent should be clean and square. Care should be taken that the child understands just what is wanted. Obedience should be expected in attitude and in speech. Care should be taken not to interrupt an activity important to the child for a matter trivial even to the adult. So far as possible, time should be given to finish an activity and warning given ahead of the time. Infancy is the golden period for setting up almost automatic habits of obedience such that no later difficulties occur. Do not expect that you can permit a small child to do as it pleases and that "he will outgrow it later." Of such material are "incorrigible" children made.

It is unnecessary and most undesirable to obtain obedience by fear. Threats which are horrible lead to contempt or a fear capable of causing serious mental difficulties. Love, faith, coolness and care in enforcing your worthwhile demands and having no others will turn the trick.

ABOVE ALL BE FAIR.

Above all, be perfectly fair and just—if you do, you will frequently scold yourself.

A girl of 10 is called "incorrigible." She is of average intelligence and physical development. Adopted in infancy, she had the indulgent treatment so frequently given only children by nervous mothers, with the result that she became arrogant, restless and finally disobedient. When she started to school, her behavior became worse, as is usually the case with over-indulged children who have no habit-patterns for social adjustment. Her problem became distressing to the foster-mother, who found herself unable to cope with the problems of a growing child. Ever since the child was 8, the mother has tried to have her "sent away." She has nagged and fussed at the child; tried all sorts of punishments, some of great severity, all without effect. To explain the behavior, we find only the faulty handling of the parents. They have what they have made and now are unable or unwilling to face the problem fairly and squarely."

You Can't Afford To Be Sick.

Doctors claim people are healthier than they used to be. One reason is that few can afford to be ill these days. The high cost of sickness is one of the lustiest children of the high cost of living.

A few generations ago, nearly every one had time to burn. No one rushed unless the sheriff was after him or he was in danger of missing a train.

Women sat placidly around at "sewing circles," comparing surgical operations. There was even a time when a woman's social standing was determined by the number of times she had gone under the knife. Men, too, had leisure.

The public had a morbid interest in disease. Also, it had spare time to gratify the craving to be ill. While this might not have been exactly a craving, still every one sort of expected illness as a part of fate, not to be dodged.

This mental attitude made them succumb easily.

Today people can't afford to be sick. They can't afford the time. They can't afford the money. Where a patient once was reasonably sure of getting off with a diagnosis that he had some such simple ailment as the grippe or hives, science has discovered all sorts of mysterious, complicated maladies.

Times have changed. The patient often is sent to have his teeth X-rayed. He's shunted from one specialist to another. After a few experiences, he subconsciously discovers that he can't afford to be sick. So he forgets about it. Maybe it "gets" him and he dies. But it's sure-fire for imaginary ailments.

A steep bill from the doctor is excel lent medicine. We're not implying that all disease is imaginary. Far from it. But much of the sickness of former generations was either imaginary or the result of foolish living—gluttony, lack of sanitation, and the absence of quarantine in infectious epidemics.

The doctors have taught us how to live sensibly. That's their public service and it's a tremendous one.—*Northwestern Health Journal.*

MORBIDITY.*

Diphtheria.

239 cases of diphtheria have been reported, as follows: Los Angeles 64, San Francisco 36, Los Angeles County 21, Oakland 15; Sacramento 7, Long Beach 12, El Monte 5, Santa Clara County 10, San Diego 9, Merced County 1, Alameda 4, Alhambra 4, Antioch 2, Daly City 2, Monterey County 3, Modesto 2, Huntington Park 3, Berkeley 2, Santa Mon-

*From reports received on June 23d and June 24th for week ending June 21st.

Digitized by Google

ica 1, Napa County 1, Sunnyvale 1, Pasadena 1, Oroville 1, Pinole 1, Ferndale 1, Colusa County 1, Sonoma County 2, Stanislaus County 2, Stockton 2, San Mateo County 1, Turlock 1, San Rafael 1, Whittier 3, Healdsburg 1, Santa Ana 2, Ontario 1, Glendale 1, Corona 2, Petaluma 1, San Fernando 4, Hawthorne 1, El Segundo 1, Fresno County 2, Fullerton 1.

Measles.

343 cases of measles have been reported, as follows: Los Angeles 127, Pasadena 32, Los Angeles County 37, San Francisco 6, Oakland 6, Hawthorne 7, Lynwood 7, Glendale 6, Kingsburg 6, Sacramento 7, Long Beach 9, Alhambra 5, Monrovia 7, Fresno County 6, Escondido 4, Corona 4, Red Bluff 2, Orange County 4, Riverside 4, San Bernardino 1, Palo Alto 3, Butte County 2, Merced County 1, Brea 1, Tracy 2, Stockton 4, Colton 1, Pinole 1, Whittier 4, San Gabriel 1, Hermosa 3, Redondo 4, El Segundo 3, South Gate 4, Huntington Park 1, Berkeley 4, Lake County 1, Santa Clara County 2, Paso Robles 1, Sacramento County 1, San Diego 2, Anaheim 1, Claremont 1, Nevada County 2, Dinuba 1, Sierra Madre 3, Fullerton 2.

Scarlet Fever.

117 cases of scarlet fever have been reported, as follows: Los Angeles 30, San Francisco 17, Oakland 7, Los Angeles County 7, Riverside 5, Lynwood 1, Watsonville 2, Stockton 3, Sonoma County 1, Stanislaus County 4, Williams 1, Napa 2, Pomona 1, Pasadena 2, Burbank 4, Newman 1, Sutter County 3, Monterey County 4, Tulare County 1, San Rafael 2, Vallejo 1, Santa Clara County 1, Orange County 1, Coalinga 1, Glendale 1, San Luis Obispo County 2, Chula Vista 1, Kern County 2, Sanger 3, Fresno County 1, San Diego 1, Anaheim 2, Claremont 1, Nevada County 1.

Smallpox.

120 cases of smallpox have been reported, as follows: Los Angeles 41, Los Angeles County 26, San Francisco 6, Long Beach 9, Huntington Park 5, San Diego 11, San Fernando 4, San Luis Obispo County 1, Needles 1, San Bernardino 2, Bakersfield 2, Tulare County 1, Whittier 2, Corona 2, South Gate 1, Kern County 3, Hermosa 1, Compton 1, Fresno County 1.

Typhoid Fever.

27 cases of typhoid fever have been reported, as follows: Los Angeles 5, Sacramento County 6, Alhambra 1, Stockton 1, San Joaquin County 1, Colusa County 2, El Centro 1, Merced 2, Colfax 1, Salinas 1, Orange County 1, Imperial County 2, California 1, Porterville 1, Venice 1.

Whooping Cough.

29 cases of whooping cough have been reported, as follows: Los Angeles 16, San Francisco 2, Oakland 2, Los Angeles County 2, Pasadena 4, Stockton 2, Riverside 1, Santa Ana 1, Orange County 1, San Diego 3, Fullerton 5.

Cerebrospinal Meningitis.

San Francisco reported one case of cerebrospinal meningitis.

Leprosy.

Los Angeles reported one case of leprosy.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Merced County 1.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending June 21 received by June 24	Week ending			Reports for week ending June 23 received by June 26
	May 31	June 7	June 14		June 2	June 9	June 16	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	5	2	1	0	2	4	1
Chickenpox	303	274	339	171	184	218	188	103
Diphtheria	251	224	240	239	135	124	171	121
Dysentery (Bacillary)	0	7	1	1	5	4	5	0
Epidemic Encephalitis	4	4	2	2	4	2	2	3
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	86	131	107	78	118	85	137	112
Influenza	14	17	7	6	24	20	15	15
Leprosy	0	1	0	1	0	2	1	0
Malaria	8	11	4	5	2	2	2	0
Measles	603	662	501	343	992	1138	1139	490
Mumps	82	57	71	35	30	32	25	12
Pneumonia	29	104	38	35	67	78	82	21
Poliomyelitis	0	1	2	0	4	0	2	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	174	168	111	117	161	154	146	108
Smallpox	184	185	146	120	22	32	27	20
Syphilis	108	157	183	80	55	67	156	121
Tuberculosis	157	205	202	164	92	172	158	108
Typhoid Fever	16	27	19	27	6	25	13	9
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	43	45	57	39	141	148	165	56
Totals	2063	2284	2032	1464	2042	2305	2438	1300

80179 6-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 21 JULY 5, 1924 GUY P. JONES EDITOR

IS THIS A YEAR OF EPIDEMICS?

By CHAS. H. HALLIDAY, M.D., Epidemiologist.

Crookshank says: "A few of those who sit in offices and peruse records, tables and other statistical paraphernalia are gifted with the scientific imagination that enables them to form a picture of all that is passing beneath the eyes of others who are at work in general practice, in the dispensaries and in the casualty departments of our vast metropolis. A forecast was made that the year 1918 would be a year of pestilence. Smallpox showed itself here and there. January showed typhoid, while there were many odd nuclear palsies and much facial paralysis. In February an epidemic of encephalitis was foretold, in May a short, sharp and fatal outbreak of pneumonia and a few spoke of pneumonic plague. Then came the Spanish flu.

"Dr. Rajchman, now directing the epidemiological work of the League of Nations, issued a warning, almost completely disregarded, of an autumnal return in force.

"Events of the later months of 1918 are well known; but this should be noted, not only the general but special hospitals saw far more than is usual of Landry's paralysis, of ascending and transverse myelitis."

In California is the year 1924 a year of epidemics? Smallpox exceeds all previous records. Diphtheria of an unusual fatal type shows an increase. Scarlet fever and German measles are epidemic in several parts of the state. Disregarding the two major epidemics in the southern part of the state, typhoid fever shows a substantial increase.

Encephalitis and poliomyelitis have been reported throughout the year. Many undiagnosed conditions are known to exist. Cases showing sudden onset with temperature, vomiting, diarrhea or constipation, stiff neck, muscular soreness and tenderness and general weakness, brings to mind the possibility of the systemic form of poliomyelitis—or is it influenza?

Will the small epidemic of poliomyelitis of last year repeat itself in force this year? It is no less true now than when Darwin said that, "without hypothesis there is no useful observation."

Rule For Examination Of Water Supplies.

The California State Board of Health, at its meeting of June 14th, passed the following resolution pertaining to the laboratory examination of water supplies:

WHEREAS, The Board finds itself unable to comply longer with the requests for the analysis of water samples submitted by private individuals; therefore be it

Resolved, That the Bureau of Sanitary Engineering be instructed to so notify those requesting that service and, in future, samples of water of private individuals shall be analyzed by the Bureau only in cases of actual illness attributable to water-borne infection and when samples are properly collected by a representative of the Board or a health officer and at the discretion of the Bureau, express charges to be borne by the individual, as heretofore.

Digitized by Google

Faulty Sewers Near Waterworks Prohibited.

Two extensive outbreaks of typhoid fever due, largely, to the close proximity of faulty sewers to waterworks and water supplies, have prompted the California State Board of Health to regulate such conditions. Following is the text of a resolution in the matter adopted by the California State Board of Health at its meeting held in Sacramento, June 14, 1924.

RESOLUTION FOR THE PROTECTION OF WATERWORKS AND WATER SUPPLIES AGAINST POLLUTION, WHEN IN PROXIMITY TO SEWERS.

Adopted by the

California State Board of Health,
June 14, 1924.

WHEREAS, During recent months there have occurred two serious outbreaks of water-borne typhoid fever in California, traced to the following causes:

(1) Drains from waterworks connected with sewers, which allowed sewage to back up into the waterworks and into a water supply well, the sewer itself being subject to overcrowding and to flow under pressure.

(2) Low pressure steel water pipes which were corroded and perforated, and allowed leakage through the soil from a nearby broken sewer in which the sewage had backed up to a level higher than the water pipe.

and,

WHEREAS, Scattered investigation elsewhere has revealed to the Board the likelihood of the existence of conditions equally favorable to the pollution of public water supplies in other places and has revealed that low pressure pipe lines installed extensively a decade ago are now apt to be in a bad state of corrosion; therefore be it

Resolved, That the Board disapprove of the location and use of clay or cement sewers or drains carrying human sewage in close proximity to waterworks, and hence in range of travel of underground pollution to sumps, pits, low pressure water pipes, steel cased wells, or reservoirs whether lined or unlined; and also disapprove the failure of individuals or of public authorities to construct and maintain sewers adequate to carry away at all times and in all seasons all the sewage without causing it to back up in the sewers; and also disapprove of the practice of making drain connections between waterworks and appurtenant structures and sewers whereby, in case of backing up of sewage, such waterworks structures may become contaminated; and also disapprove of the use of steel casing for water supply wells and low pressure water pipe lines when installed within range of the travel of underground pollution from existing or prospective sources of pollution (for the purpose of this resolution, low pressure water pipes are those in which the minimum static or operating water heads within the pipe are less than the depth of the pipe below the ground surface); and also disapprove of the practice of perforating the upper part of water well casings or of using dug wells within a built-up community or within reach of the travel of underground sewage pollution; and disapprove also of the use of untreated or undisinfected water supplies, from sources whose sanitary surroundings are subject to suspicion, and be it further

Resolved, That the Board record itself as favoring and as requiring as part of the condition of permit under the Public Health Act, that sewers be constructed of cast iron with lead joints where the sewage may pollute water supplies and that sewers shall be adequate in size and capacity and so maintained as to prevent the sewage backing up in them, and be it further

Resolved, That the Board record itself as favoring and as requiring as part of the conditions of permit under the Sanitary Water System Act, that cast iron pipe with lead joints be used for low pressure water lines as herein defined when the same are or may be subject to the travel of underground pollution, and that drains from waterworks to sewers shall not contaminate the water supply if and when sewage flows or backs up in said drains; and also requires the continuous and adequate disinfection of all water supplies whose sanitary surroundings are subject to suspicion, and be it further

Resolved, That those officials and governing boards, upon whom the duty to act is cast, be urged to frequently and carefully investigate by field and laboratory methods the conditions of the sewer systems and water supply systems within their charge, and to cause to be remedied any and all conditions whereby human sewage may contaminate domestic water supplies or menace health in any way.

NOTE.—The distance of travel of pollution underground is considered to depend on the degree of filtration afforded by the intervening soil media. Bearing in mind that even fine grained soils may become channeled by gopher holes, holes left by decayed roots, etc., and that soils and rocks are subject to fissuring and shearing, that a ground water plane extending upward into the zone of pollution diffuses pollution, and bearing in mind that the relation of water and sewage levels is usually fluctuating, the Board feels that in no case should a sewer subject to leakage and, conversely, a water pipe or well subject to entrance of underground pollution, be located within 150 feet of each other, and under conditions of gravelly soil, steeper slope or widespread fissuring, this distance would be of necessity be greatly extended.

The resolution does not exhaust the chances for contamination of public or private water supplies, a few of which are: the more or less temporary use of emergency supplies in time of shortage; habitations, camps, construction crews, railroads, ice cutters, fishermen, picknickers, etc., upon surface water catchment areas; thaw-carried pollution in higher altitudes; short-circuiting of reservoirs; reversal of flow of lowland streams having sewer outlets below intakes; connection with polluted emergency supplies or with polluted private supplies; seepage into and flooding around leaky wells, reservoirs or sumps; defective and cracked pumps and well casings, and casing not extended in impervious manner above level of drainage water either in the sump or surrounding ground; defective covers over wells; use of privies or cesspools near wells; inadequate capacity or kind of water treatment, lack of duplicate installation

Digitized by Google

or parts, and inadequate regulation of water treatment; exhaustion of supply of waterworks chemicals; use of by-passes. Workmen laying or repairing distribution systems, or workmen upon tunnel and waterworks construction may pollute water supplies.

Epidemics have been due to all of these causes.

Self-purification of water and the filtering efficiency of soils are real and important phenomena, but weighing their value in particular instances is best left to those expert in sanitation and sanitary engineering.

Be Sure You Drink Pure Water.

RADIO HEALTH TALK No. 10.

Greater precaution against typhoid fever is necessary this summer because of the fact that this is a dry year in most of the western states. When the streams are full of water there is less chance of contracting typhoid fever because any contamination that may enter becomes greatly diluted in the larger volume of water. When the streams are low and contamination enters they become exceedingly dangerous for they hold concentrated solutions of pollution, the drinking of which is very likely to cause serious illness.

The camper or hiker, this summer, who drinks from a wayside stream, not knowing whether it carries pure water or disease producing liquids, is taking a tremendous chance. The warning against drinking water from promiscuous sources during the present season, especially, can not be stated too emphatically nor repeated too often. If you want to be sure that you do not contract typhoid fever or other intestinal diseases, be sure of the purity of the water that you drink. Instructions for disinfecting small water supplies with iodine, broadcasted in an earlier radio health talk, can be secured by writing to the California State Board of Health at Sacramento.

This warning applies not only to individuals who are camping and hiking but it also applies to many of the smaller communities the regular public water supply of which have become reduced in quantity or entirely exhausted. The use of emergency water supplies, without first determining their quality and safety is inexcusable and should the use of unsafe supplies result in the contraction of illness, those responsible may be legally liable for the damages caused by such illness. Many owners of public water supplies, boards of city trustees and supervisors, as well as other officials have heavy responsibilities and problems this year in providing pure water for public use. The general public has equally great responsibilities in using every safeguard against the pollution of streams and assisting in the conservation of the stored supplies. Most of the larger cities have sufficient supplies in storage to meet the ordinary demands of the season and they have ample facilities for delivering water of unquestioned purity. Many of the smaller cities are not so fortunate, however, and they must use extreme precaution in securing full protection of their supplies, making sure of the purity of any emergency supply, before attempting to use it.

This warning is not intended to frighten anyone but it is issued for the purpose of informing the public that there is great danger in the rural districts this summer of contracting typhoid fever and extreme care should be used in making certain that the water one drinks is of unquestioned purity.

Emergency Water Supplies Must Be Pure.

The following resolution concerning the use of emergency water supplies was adopted by the California State Board of Health at its meeting held in Sacramento, June 14th.

WHEREAS, The summer season of 1924 threatens to be accompanied by the partial or complete exhaustion of the customary sources of public and private water supplies and individuals and committees will be prompted to develop new and emergency sources of water supply of unknown quality and safety; therefore be it

Resolved, That the attention of the public and of officials and governing boards upon whom the duty to act is cast be called to the need and urgency of ascertaining beyond doubt the safety of the sanitary surroundings of such supplies, and to the need and urgency of completely and effectively disinfecting all supplies whose safety is or may be in doubt.

Immunization of Willits Children Completed.

Immunization of 126 school children of Willits against diphtheria was completed June 10th. The final dose of toxin antitoxin was also administered to twenty-five children of preschool age and to five adults. The city of Willits paid for the materials used and Doctors Babcock, Bennett and Sherry of Willits, gave their services. A committee of women assisted the Mendocino County nurse, Miss L. Trewick, in planning and conducting the immunization program.

Digitized by Google

MORBIDITY.*

Diphtheria.

198 cases of diphtheria have been reported, as follows: Los Angeles 74, Los Angeles County 22, Sacramento 15, Oakland 16, Daly City 5, Stockton 9, Albany 1, Sonoma County 1, Santa Clara County 5, Antioch 2, Morgan Hill 1, Ventura 4, Burbank 1, Fowler 1, San Rafael 1, Sacramento County 1, Long Beach 3, Berkeley 4, Santa Ana 2, Orange County 1, Ontario 1, Ukiah 1, Hayward 2, Oceanside 2, Stanislaus County 2, Modesto 1, Santa Barbara 1, Merced County 1, Pasadena 1, San Jose 1, Plumas County 1, Contra Costa County 1, Richmond 1, Alhambra 2, South Gate 2, Pittsburg 1, Los Gatos 1, Livermore 2, Compton 1, El Segundo 1, Watsonville 1, Redondo 1, Hawthorne 1.

Measles.

221 cases of measles have been reported, as follows: Los Angeles 70, Los Angeles County 33, Oakland 26, Sacramento 13, Pasadena 12, Berkeley 5, Redondo 5, Long Beach 5, Kern County 1, San Bernardino 2, Corona 7, Trinity County 2, Tehama County 1, Fresno County 2, Glendale 3, Fullerton 1, San Leandro 1, San Jose 1, Orange County 1, Santa Barbara 4, Modoc County 1, Hawthorne 1, Paso Robles 4, Whittier 3, Alhambra 2, Santa Monica 2, San Joaquin County 1, Stockton 4, Lodi 1, Huntington Park 1, Hermosa 2, Monrovia 4.

Scarlet Fever.

93 cases of scarlet fever have been reported, as follows: Los Angeles 27, Los Angeles County 10, Oakland 10, Orange County 8, Kern County 2, Santa Clara 1, Merced County 3, Fullerton 1, San Leandro 1, Coronado 1, Claremont 2, Fresno County 1, El Centro 1, Fresno 1, Napa 3, Burbank 1, Riverside 1, Pomona 2, Watsonville 1, Alhambra 1, Bakersfield 1, Visalia 1, Tulare County 1, Santa Monica 1, Santa Barbara 1, Redlands 1, Chico 1, San Joaquin County 2, Stockton 3, Lodi 1, Sacramento 2.

Smallpox.

122 cases of smallpox have been reported, as follows: Los Angeles 36, Long Beach 12, Los Angeles County 39, Ontario 9, San Bernardino 4, Orange County 2, Hermosa 1, Pomona 1, Fresno County 4, Huntington Park 4, Fullerton 1, Glendale 2, Oxnard 1, Sacramento County 3, Selma 3.

Typhoid Fever.

23 cases of typhoid fever have been reported, as follows: Los Angeles County 5, Los Angeles 2, Imperial 1, Crescent City 1, Stockton 1, El Centro 4, Contra Costa County 2, Eureka 1, Madera County 2, Benicia 1, Kern County 1, California 2.

Whooping Cough.

56 cases of whooping cough have been reported, as follows: Los Angeles 12, Plumas County 10, Los Angeles County 8, Stockton 8, Oakland 1, Modoc County 2, Santa Barbara 3, Riverside 2, Long Beach 2, Fullerton 3, Sacramento 2, Pasadena 2, San Mateo 1.

Cerebrospinal Meningitis.

Santa Barbara reported 1 case of cerebrospinal meningitis.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Mateo 1, Hayward 1, San Joaquin County 1.

*From reports received on June 30th and July 1st for week ending June 28th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending June 28 received by July 1	Week ending			Reports for week ending June 30 received by July 3
	June 7	June 14	June 21		June 9	June 16	June 23	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	5	1	1	1	2	4	1	4
Chickenpox	274	339	180	160	218	188	128	73
Diphtheria	224	241	256	198	124	171	132	134
Dysentery (Bacillary)	7	1	1	5	4	5	0	0
Epidemic Encephalitis	4	2	2	3	2	2	6	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	131	107	82	58	85	137	124	78
Influenza	17	7	7	1	20	15	22	4
Leprosy	1	0	1	1	2	1	0	1
Malaria	11	4	4	2	2	2	2	3
Measles	662	500	356	221	1138	1139	830	501
Mumps	57	71	53	27	32	25	14	12
Pneumonia	103	37	37	28	78	82	39	36
Poliomyelitis	1	2	0	0	0	2	1	2
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	168	111	134	93	154	146	134	74
Smallpox	185	146	133	122	32	27	22	11
Syphilis	157	183	81	85	67	156	126	100
Tuberculosis	205	202	202	150	172	158	131	144
Typhoid Fever	27	19	32	23	25	13	16	18
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	45	57	45	56	148	165	80	52
Totals	2284	2030	1607	1234	2305	2438	1808	1248

33113 7-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 22 JULY 12, 1924 GUY P. JONES EDITOR

Typhus Fever.

RADIO TALK No. 11.

It is generally known and recognized that certain insects and animals carry and transmit communicable diseases to human beings. Chief among these disease carriers of the animal kingdom are flies, fleas, mosquitoes, rats and ground squirrels. Flies may carry typhoid fever and other diseases. Certain types of mosquitoes transmit malaria and yellow fever. Rats and ground squirrels are responsible for the spread of plague. There is another disease-bearing insect which stands in such ill repute that its very name, if spoken at all, used to be mentioned only in whispers. The great war changed all this, however, and the "cootie" or body louse became a widespread subject of song, story and laughter. The body louse must be considered seriously, however, as it is the great factor in the spread of typhus fever, one of the most severe and fatal of all communicable diseases that afflict mankind.

Typhus fever must not be confused with typhoid fever, as it is an entirely different disease. Typhoid fever is an intestinal infection that is contracted through eating contaminated foods or drinking contaminated water. Typhus fever is an acute and often fatal disease that may be acquired through the bite of the vulgar and unmentionable body louse. The disease is always present in Mexico and cases frequently come into western states from that country. For that reason health authorities are constantly on guard, lest the disease may get a foothold in the United States. Fortunately, our people live, generally, under favorable economic and hygienic conditions. This lessens, greatly, the danger of the disease becoming epidemic here. It is of the greatest importance, however, that camps and lodging houses, as well as the persons occupying such places, be kept free of lice. Extreme precautions in the prevention of the disease are important, for the reason that epidemics of typhus rise suddenly, generally affecting large numbers of people within a very short time.

Veterans of the World War who served in foreign countries where the disease was prevalent can remember the rapidity with which the disease spread and the large numbers of cases and deaths that occurred. In Serbia, in 1915, there were 150,000 deaths from typhus fever, and in Russia and Poland, correspondingly large numbers of deaths occurred. The disease does not occur to any extent in tropical countries because the body louse can not live in the extreme heat. In Mexico, where the disease is always present, it occurs only in the plateau region where lower temperatures prevail, because of the higher altitude. In cold climates, where unclean people herd together for warmth, the disease finds the most favorable conditions for spreading. Improved methods of sanitation, better living conditions and the prevailing popularity of personal cleanliness are driving typhus out of civilized communities. In places where soap and water are used copiously and continuously there need be little or no fear of this disease.

Digitized by Google

Canned Foods and Health.

We are all familiar with the time-worn joke of her friends presenting the gay bride with a can-opener as a sign of how greatly they appreciated her ability to cook.

In certain parts of the country there is a deep-seated prejudice against the use of foods preserved in tin containers. That there is no good basis for this feeling is demonstrated daily by the immense amount of canned food eaten with great actual benefit to the nation's health. Home canned foods are more often dangerous than are those produced by commercial houses. These latter are models of sanitary engineering practice; cleanliness of plant, employees and product makes for a clean, pure, wholesome, and safe finished product.

It is essential in any process where food is to be preserved that only perfectly sound, fresh, sweet materials be used and that an accurate formula of cooking be followed. The addition of preservatives to permit a lower temperature to be used in cooking in order that the color of the food may be retained is not good practice. While these preservatives may have no definitely harmful effect on the body they are really to be considered as adulterants. Their use was extensive, formerly, but is now prohibited by Federal enactment.

Food poisoning exists and several forms are recognized:

1. Chemical from lead, oxalic acid, poison of mushrooms.
2. Personal susceptibility — such as strawberries, tomatoes, shell fish, eggs.
3. Infected foods—typhoid, dysentery, botulism.
4. Food decomposition products.

The first group of poisons is seen in freshly cooked or raw foods, never in canned foods. Even tins which are badly corroded contain so little tin or iron in solution that it is impossible for any ill effects to follow use of their contents. It is a popular fallacy that cans must be emptied as soon as opened. Food can be left in them with safety for at least two days. Canned foods are in general free from chemical poisons.

Under the second group we are dealing with the peculiar condition of susceptibility to one or another particular food which is called "protein sensitisation," and this is the problem of the individual and not of the canner. Overeating will cause sickness, and the use of a diet lacking in certain ingredients will also cause illness.

It was thought for a time that canned foods would cause "deficiency diseases" but it has been demonstrated that some of these necessary health promoting substances are not destroyed by the canning process so that we can get such substances from canned foods in the winter as readily as we can from the fresh food in the summer.

The third group of poisons are all destroyed in the canning process except the germ causing botulism. This germ lives as a harmless spore in the air. It is very resistant to boiling, and requires a much higher temperature than that to be killed. In the absence of air the spore commences to grow and liberates while doing so a poisonous material called toxin. This toxin is killed by boiling. Goods containing this germ always have an unusual smell or appearance, and should be discarded without taking any chances.

In discussing the last group, "Food Decomposition Products," Professor Fellers, University of Washington, Seattle, says: "Decomposed foods are used in the daily diets of many people. Americans eat large quantities of decomposed cheeses. Chinese use fish and eggs which are more or less decayed. even the English prefer their game and fowls well 'ripened.' Such national customs substantiate the modern view of the relative infrequency of real ptomaine poisoning."

Part of the added years of life which we enjoy are due to the fact that we are able to have a great variety of safe, palatable and nutritious foods available at all times and at moderate price because of the canning industry. There is little to be feared and a great deal to be gained by a generous use of commercially canned foods of all kinds. —*A. G. Long, M. D., in Monthly Bulletin, Indiana State Board of Health.*

Welfare of Mothers and Babies in Great Britain.

An important report just published by the Minister of Health discusses the conditions affecting the welfare of mothers in Great Britain. Although the infant mortality rate in England and Wales has been reduced during this century by over half, the maternal mortality rate has remained practically stationary. About four mothers lose their lives for every thousand children born.

Give me the splendid silent sun, with all his beams full dazzling.—Walt Whitman.

Water, air and cleanliness are the chief articles of my pharmacopœia.—Napoleon.

Digitized by Google

Auditing Human Life.

We audit our business at least once a year. We pay "auditors" who spend their entire time in an industrial plant balancing the income against wages, salaries and general "operating overhead." Many people send their car to the garage before it stalls on the road. It would be an improvident man who would let his auto scrap itself before he had it overhauled, or at least, the evident repairs attended to without delay.

We pay expert men to study animal life and efficiency and to combat stock diseases. We hire specialists to study the problems of child health and human nutrition, because it pays. Economically, as well as financially, the money is now known to be thus well spent. Big industrial firms swell their dividends by tending to this matter alone.

But who ever heard of auditing human lives? It is, at least, a matter of actual fact. There are now institutions that make a specialty of checking up human health. There is a reason for this and the thinking public now realize its importance.

A mortality study made by a large life insurance company revealed that there was found "a reduction in the death rate of 28% in a period of five years when its policy holders were periodically examined, even though apparently physically fit." On the other hand, in a group having important impairments of health or body, "a reduction of 67% in the death rate resulted by looking into and correcting health defects before they reacted." These facts may be duplicated in the experience of many industrial firms.

Especially those enjoying good health or apparent perfect constitutions apply themselves to these benefits. The banker, the farmer—all, even the housewife, may thereby learn not only how to keep themselves well, but they can materially enhance their daily vital value to society. At the same time, many will discover inborn physical defects which, when remedied, may make for perfect health, happiness and efficiency.

Great business men set the example. Most of them now take a thorough physical examination, once or twice a year.—*Elmer F. Otis, M. D., in Healthy Home.*

Refuse to be ill.—Lytton.

It is the little things, in microbes or morale, that make us, as it is the little things that break us.—Rudyard Kipling.

The Comradeship of Science.

Science as a common fund to which all nations contribute and from which each may freely draw grows steadily in volume and in value. The world is dotted with centers of research and with individuals who are in quest of truth. These scientists are in frequent communication through the printed page, the visits of fellow workers, and international congresses. One can trace the outlines at least of a vast cooperation which tends more and more to ignore national frontiers. In this team-work of the nations the medical scientists and the sanitarians have an inspiring part. They not only feel the thrill of discovery and of high adventure in coping with the problems which challenge their knowledge and skill, but they know the satisfaction of safeguarding life and of alleviating suffering. They have, too, a sense of comradeship in enriching "the patrimony of humanity" and in attacking a common enemy. This spirit not only hastens the progress of science; it offers hope of more sympathetic insight and closer accord in world relations. By promoting the migration of scientists and administrators, by helping to diffuse more rapidly new ideas, by strengthening world centers of teaching and research, in short by fostering medical science and public health as forms of international cooperation, the Rockefeller Foundation seeks to fulfill the purpose of its charter, "the well-being of mankind throughout the world."—*George E. Vincent, President, Rockefeller Foundation.*

The sun, too, shines into cesspools and is not polluted.—Diogenes.

Harsh punishment should never have a part in the upbringing of a child because he knows nothing right or wrong. A child follows his natural inclinations, and it is the duty of the mother to guide him along the right way. A child that is often punished becomes sullen and morose as he grows older.—Federal Children's Bureau.

What About Our War Orphans?

A writer in the Iowa Bulletin of State Institutions gives some interesting comparisons between orphans of civil war soldiers and orphans of world war soldiers. At the Soldiers' Orphans' Home at Davenport, Iowa, eight hundred civil war orphans were admitted within three years after that war. During the corresponding period of time after the world war no soldier's orphans applied for admittance and only five have applied up to date.

Digitized by Google

MORBIDITY.*

Diphtheria.

135 cases of diphtheria have been reported, as follows: Los Angeles 49, Los Angeles County 16, Sacramento 11, Oakland 11, Daly City 6, Santa Clara County 1, Mendocino County 2, Modesto 3, San Jose 1, Colusa 1, Fresno County 4, Redondo 1, Alameda 4, Huntington Park 1, San Joaquin County 2, San Gabriel 1, Compton 1, South Gate 1, Watsonville 1, Santa Cruz County 1, San Bernardino County 1, Riverside 2, Pasadena 1, Eureka 1, Alameda County 2, Ukiah 1, Berkeley 4, Glendale 2, Orange County 3.

Measles.

115 cases of measles have been reported, as follows: Los Angeles 31, Los Angeles County 14, Tracy 5, Pasadena 8, Chino 6, Sacramento 6, Oakland 5, Chico 1, Fresno County 4, Whittier 1, Fullerton 1, Colton 1, Inyo County 1, Long Beach 1, Corona 4, Tehama County 2, Redding 2, Alhambra 3, Monrovia 2, Manhattan 2, Hermosa 1, Palo Alto 1, Eureka 1, Berkeley 1, Monterey County 1, Redondo 1, El Dorado County 1, Stockton 1, Calexico 1, Lassen County 1, Glendale 3, Marin County 2.

Scarlet Fever.

53 cases of scarlet fever have been reported, as follows: Los Angeles 24, Santa Clara 2, Marin County 4, Stockton 2, Los Angeles County 2, Alameda 1, Burbank 1, Sacramento 2, Mill Valley 1, Pasadena 1, Watsonville 1, San Bruno 1, Fresno County 3, San Bernardino County 1, Pomona 3, Oakland 3, Biggs 1.

Smallpox.

85 cases of smallpox have been reported, as follows: Los Angeles 28, Los Angeles Co... 12, Hermosa 9, Long Beach 5, Orange Co... 2, Orange 2, Huntington Park 4, South ... 3, Fullerton 2, Lassen County 1, Colton ... Madera County 1, Madera 1, Ontario 1, Sus... ville 1, Sacramento 1, Pasadena 1, Brea ... Lynwood 1, San Bernardino County 3, So... Gate 1, Glendale 3, Compton 1.

Typhoid Fever.

26 cases of typhoid fever have been ... ported as follows: Sacramento County ... San Francisco 1, San Joaquin County 1, R... Vista 1, Los Angeles County 1, Colusa Coun... 2, Long Beach 1, Burbank 1, Lompoc 1, L... Angeles 4, Brea 1, Venice 1, Glendora 1, Oa... land 3, Redwood City 1, Porterville 1, Modo... County 1, California 2.

Whooping Cough.

37 cases of whooping cough have been r... ported, as follows: Los Angeles 14, Alame... County 5, Los Angeles County 5, Oakland ... Huntington Park 1, Fullerton 1, Montere... Park 1, Chico 4, San Jose 1, Long Beach ... Orange County 1.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles 1, Pittsburg 2, Orange County 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: Napa County 1, Orange County 1.

*From reports received on July 7 ... week ending July 5th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending July 5 received by July 8	Week ending			
	June 14	June 21	June 28		June 16	June 23	June 30	
Anthrax	0	0	0	0	0	0	0	
Cerebrospinal Meningitis	1	1	3	0	4	1	4	
Chickenpox	339	180	197	87	188	128	84	
Diphtheria	241	256	250	135	171	132	152	
Dysentery (Bacillary)	1	1	15	2	5	0	0	
Epidemic Encephalitis	2	2	6	2	2	6	1	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	107	82	84	27	137	124	82	
Influenza	7	7	1	0	15	22	18	
Leprosy	0	1	2	0	1	0	1	
Malaria	4	4	3	5	2	2	3	
Measles	500	356	255	115	1139	830	605	
Mumps	71	53	49	18	25	14	14	
Pneumonia	37	37	87	15	82	39	46	
Poliomyelitis	2	0	1	4	2	1	2	
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	
Scarlet Fever	111	134	118	53	146	134	83	
Smallpox	146	133	133	85	27	22	12	
Syphilis	183	81	119	56	156	126	103	
Tuberculosis	202	202	220	119	158	131	154	
Typhoid Fever	19	32	30	26	13	16	21	
Typhus Fever	0	0	0	0	0	0	0	
Whooping Cough	57	45	68	37	165	80	70	
Totals	2030	1607	1641	786	2438	1808	1455	1307

CALIFORNIA STATE PRINTING OFFICE

7-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 23 JULY 19, 1924 GUY P. JONES EDITOR

Typhoid: Its Nature, Cause and Prevention.

RADIO TALK No. 12.

Typhoid fever is an acute bacterial disease which attacks the membrane lining the small intestine. The temperature of the body which normally is ninety-eight and one-half degrees Fahrenheit may rise to one hundred and five degrees or more when attacked by this disease, and the illness continues over several weeks leaving the body in a greatly weakened and emaciated condition. The disease is caused by the germ known as the *bacillus typhosus* which seen under the microscope, is a short rod-shaped germ rounded at the ends often growing into long threads.

The common source of the germ is contaminated water or milk supplies which may have become polluted with filth or sewage. It may be communicated by the common house fly or by soiled hands in handling food. This emphasizes the importance of clean hands and the potential danger from flies. It is also of great importance that you be particularly careful that the water you drink has not been exposed to sewage contamination. Suspected water should be boiled or disinfected with iodine tincture as stated in a previous radio talk.

Another valuable preventative is anti-typhoid vaccine. This vaccine is simply a mixture in salt water of dead typhoid germs which have been cultivated and killed in the laboratory. When this mixture is injected in small amounts into your body, your body reacts to the presence of the dead germs much as you would react to the actual infection, and your body cells produce anti-bodies or protective bodies without causing the serious typhoid illness. In other words, the resistant or protective mechanism of your body reacts just as it would if it were being attacked by live typhoid germs, although in fact it is only dead harmless germs that have been injected. These anti-bodies which the cells of your body have been stimulated to form, protect you from a possible attack of the actual disease so that even though you are exposed by drinking contaminated water, you will not take the disease while the protection lasts, which usually is about two years. Three injections constitute the course of treatment, given a week or ten days apart.

Every physician is familiar with the use of this vaccine which was used to protect millions of soldiers, nurses and others during the recent World War. In fact, the use of anti-typhoid vaccine has practically eliminated typhoid from army camps all over the civilized world. The United States Government requires every man enlisting in the Army and Navy and the Marine Corps, to be vaccinated against typhoid, also against smallpox. This is to protect the individual and those in contact with cases and prevents the spread of these highly communicable diseases.

After all, yourself is the only person you can by no possibility get away from in this life, and, may be, in another.—Rudyard Kipling.

Digitized by Google

Communicable Diseases of Childhood.

The following is an excerpt from a talk made by Dr. Allen F. Gillihan, State District Health Officer, before the California Conference of Social Work at Long Beach on May 29, 1924.

"Social service workers are interested in keeping the family unit together, in preventing economic loss, and one can not be in social service work very long before he quickly realizes that the cause of the disruption of a family unit, the real beginning of a thing which spells poverty in the end, is illness. A vicious circle—illness breeds poverty, and poverty breeds illness. The entrance to this circle is gained most frequently through the doorways of communicable disease. We first go through a doorway labelled diphtheria, measles, scarlet fever, or whooping cough. These are the doorways most frequently used. When we find the doorways of measles and whooping cough are used we find another doorway we must go through—tuberculosis. These doorways all have doors and keys. I advocate shutting these doors, locking them and throwing the keys away. To use another example, social service work is like the leak at the bung hole and the leak at the spigot. You are interested in the stopping of the leak of economic loss through illness, and you are looking only at the spigot, whereas I am trying to draw your attention to the leak at the bung, a much greater leak than the spigot leak can ever be. If your duty is preventing and correcting the leak at the spigot, all the more it is your duty to prevent the leak at the bung. In other words your duty as social workers is the elimination of communicable diseases. You say you are not health officers, and this is their work. Very true. But frequently one can do a great deal more by seeing that a thing is done than by actually doing it. The health officer's duty under the law is, to eliminate communicable diseases. Do you know where his authority is, and what his duties are? It is your duty to find out, and it is your duty to see that he does these. Do I hear an echo of some health officer saying, "I can not control whooping cough or measles" and an echo of an echo, "too much like hard work?" *I say the communicable diseases are controllable,* and because a thing is difficult to accomplish is no reason for not doing it. There comes to mind yellow fever and malaria and the Panama Canal Zone. Yes, these were almost unsurmountable difficulties, still we had Gorgas, and the canal was built."

Sanitation.

Ronald Ross, the discoverer of relationship of the mosquito to mal describes in his Memoirs—(Dutton, York, 1923) the awful sanitary co tions of the native habitations at station in India—Bungalore—w cholera had made its appearance. says:

"Great is Sanitation—the grea work, except discovery, I think, th man can do. Here is a city seething filth and disease. What is the us preaching high moralities, philosop policies, and arts to people who dwe these appalling slums—sometimes w families of them crowded into one mixed with cattle, vermin, and ord Your job, Sanitation, is plain! must wipe away those slums, that these diseases. You shall work in darkness while others sleep. None know of your labour, no one shall th you, you shall die forgotten. The g ones of the earth shall despise you, hamper you, shall even punish you. lofty rulers of the world shall not d even to look at you; but shall prat gods and virtues, liberties and laws, shall busy themselves pouring the of wealth from one vessel into ano drinking much by the way, and spi more! But you, O Cleanser, shall al be a Pariah. Fret not, however; these dying children shall live, and s day this hideous slum shall become a of gardens, and it is you who will done it.

We shall reach the higher civiliza not by any of the politicians' shibbol methods of government, manners of ing, liberty, self-determination, and rest, all of which have failed—but by the scientfic ordering of cities they are fit for men of the higher c zation to dwell in. We must begi being Cleansers. I find the follo two stanzas in my notebooks:

"Ascend," the Prelate cries,
"From Men to Angels." "Th
First learn," the Sage replies,
"To grow from Apes to Men.

and also

We cry, "God, make us Kings,
Poets or Prophets here!"
The scornful answer rings,
"First be My Scavenger."

Every state should provide pure wat its people.—Aristotle.

Did you ever have the measles, and how many?—Artemus Ward.

Rough, vigorous pastimes are exc things for the nation, for they promote ness.—Roosevelt.

Digitized by Google

Food Value of Dried Fruits.

RADIO TALK No. 13.

Hundreds of thousand of tons of our most valuable food products are now ripening on California vines and fruit trees. The brilliant July sunshine is developing sugar underneath the rich red, yellow and purple skins of our deciduous fruits—sugar in its most easily digested and assimilated form. Since sugar is one of the most important factors in producing muscular energy for the body, the high nutritional value of these fruits, particularly in their dried form, should be appreciated. The salts, organic acids and vitamines found in these fruits also have hygienic and medicinal value and the mineral ingredients are most important.

Apples, figs, apricots, raisins, pears, peaches and prunes are all wholesome foods which build body tissue and yield energy. They are of importance in body building and in the maintenance of health. Eaten fresh from trees and vines these fruits are particularly delicious. When properly canned, preserved or dried their delicious flavors may be enjoyed long after they have ripened. Furthermore, their worth as body builders and energy producers is not impaired in the processes of canning, preserving or drying. The average housewife can not provide easily the high temperatures that are necessary for safe canning in the home but the addition of large quantities of sugar makes the preserving process quite safe. Wherever there is sufficient sunshine or artificial heat available the drying of fruits for winter use is easily and safely accomplished. The University of California supplies full information regarding fruit drying in the home. It is with the nutritional value of dried fruits that this talk is concerned and the farsighted household provider will make plans now to secure a supply of dried fruits for use during the winter months.

The humble prune, subject of boardinghouse jests and army ridicule is one of the most valuable of our dried fruits and, if properly cooked, has a most delicious flavor, quite unlike that of any other fruit. Raisins, too, have great nutritional value and probably come into greater use than any other dried fruit. Prunes, raisins and apples are particularly high in sugar content, and, according to nutrition experts, these fruits form an ideal portion of the diet.

Dried apricots and pears can be cooked so that their flavor is almost equal to that of the fresh fruit. Dried figs and dates are too often used merely as confections. Actually, they are food products of high nutritional value. The present time, when most of these valuable fruit products are ripening, is the proper time to consider their value, particularly in their dried form, as body builders and health regulators, of the highest order. They fulfill a worthy purpose in the maintenance of good health.

Health—City and Country.

Country air is better than city air. But city sanitation is better than country sanitation. To get more pure air into the lungs of city dwellers, and to extend to the open country the kind of sanitation and health that has been developed in the city is the goal of preventive medicine today.

People can get along with an inferior air supply. But the lack of proper sanitation in the rural places is responsible, according to the Rockefeller Foundation, for such dread diseases as hookworm, malaria and typhoid. Health conditions in the average American countryside are deplorable.

As we remember them, the army reports bore out this general survey of public health in the United States. The soldier from city or town was found to have greater immunity against disease, and greater resistance to it, than the man from rural places.

However, the ideal to be sought by preventive medicine is the one we have stated in the first paragraph. The countryside still feeds the cities and towns with men. The country-bred boy makes good in the city. He brings a fresh viewpoint to city life and a certain green confidence that attempts the impossible and wins.

If the debilitating effects of city life are to be met by a virile stock from the country, the country must have adequate measures looking toward public health That is why the Rockefeller Foundation, which spent $8,431,075 in public health and medical education in 1923, devoted most of this money to the improvement of health in rural parts.

In spite of the fact that we are by heritage an agricultural and cattle-raising people, we have adapted ourselves rather well to the life of a congested community. With the aid of city doctors and organized city health measures, we have given the city child an advantage over the country child in spite of the traditions of ruddy health that surround the latter.

But the country lad deserves a better deal than he is now getting. And to this end public health agencies are turning their attention.—San Francisco *Journal.*

Digitized by Google

MORBIDITY.*

Diphtheria.

149 cases of diphtheria have been reported, as follows: Los Angeles 52, Oakland 16, San Francisco 12, Long Beach 7, Gridley 8, Los Angeles County 8, Sacramento 8, Manteca 1, Fresno County 2, Berkeley 2, San Bernardino 1, Tehama County 1, Modesto 1, Stanislaus County 1, Alameda 2, Butte County 1, Kern County 1, San Mateo 3, Santa Clara County 4, El Monte 1, San Gabriel 1, Huntington Park 1, Whittier 1, Merced 1, Fullerton 1, Alameda County 1, San Joaquin County 1, Riverside 1, San Jose 1, Madera County 2, Marysville 1, Pasadena 3, Santa Barbara 1, Redondo 1.

Measles.

120 cases of measles have been reported, as follows: Los Angeles 39, Los Angeles County 14, Long Beach 6, Tracy 5, Sacramento 5, Manhattan Beach 5, Corona 5, Riverside County 1, San Francisco 2, Oakland 2, Monrovia 4, San Bernardino 1, Monterey County 1, Stockton 1, Burbank 1, Salinas 1, Avalon 1, Merced County 1, Pasadena 1, San Bernardino County 2, Santa Barbara 3, San Leandro 1, Anaheim 1, Berkeley 3, Santa Monica 3, Culver City 1, Whittier 3, Redondo 1, Hawthorne 1, Huntington Park 1, Santa Clara County 2, Colfax 1, Chino 1.

Scarlet Fever.

54 cases of scarlet fever have been reported, as follows: Los Angeles 17, Tulare County 1, Long Beach 1, Sacramento 2, San Francisco 4, Riverside 1, Pomona 1, San Bernardino 1, Chico 1, Orange County 2, Santa Ana 1, Los Angeles County 3, Santa Clara County 1, Fresno County 1, Merced County 1, San Jose 2, Santa Barbara 4, San Bernardino County 1, Biggs 1, Burbank 4, Napa 1, Santa Monica 1, Fresno 1, Glendale 1.

Smallpox.

88 cases of smallpox have been reported, as follows: Los Angeles 28, Los Angeles County 22, Burbank 7, Long Beach 6, Fresno County 5, Huntington Park 6, Santa Monica 2, San Bernardino County 2, Oxnard 1, San Bernardino 2, Pacific Grove 1, Redondo 1, Anaheim 3, Lassen County 2.

Typhoid Fever.

20 cases of typhoid fever have been reported, as follows: Oakland 1, San Joaquin County 1, Sacramento County 1, Benicia 1, Merced County 3, San Bernardino County 2, Roseville 1, Yolo County 1, Ventura County 1, Orange County 1, Contra Costa County 1, Los Angeles 3, Los Angeles County 1, Riverside County 1, California 1.

Whooping Cough.

65 cases of whooping cough have been reported, as follows: Los Angeles 37, Berkeley 6, Los Angeles County 4, San Luis Obispo County 1, Long Beach 4, Alameda 1, Pasadena 3, Santa Ana 2, Taft 1, Pomona 1, Torrance 1, Fullerton 3, Fresno County 1.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: Orange County 1, Paso Robles 1.

Leprosy.

Los Angeles reported one case of leprosy.

Poliomyelitis.

Stockton reported one case of poliomyelitis.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received on July 14th and 15th for week ending July 12th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending July 12 received by July 15	Week ending			Reports for week ending July 14 received by July 17
	June 21	June 28	July 5		June 23	June 30	July 7	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	3	1	2	1	4	4	2
Chickenpox	180	197	109	71	128	84	105	60
Diphtheria	256	250	161	149	132	152	147	62
Dysentery (Bacillary)	1	15	33	1	0	0	0	0
Epidemic Encephalitis	2	6	6	1	6	1	3	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	82	84	46	95	124	82	101	45
Influenza	7	1	3	3	22	18	8	6
Leprosy	1	2	0	1	0	1	1	0
Malaria	4	3	5	1	2	3	2	7
Measles	356	255	132	120	830	605	607	307
Mumps	53	49	40	24	14	14	6	9
Pneumonia	37	87	27	12	39	46	41	15
Poliomyelitis	0	1	4	1	1	2	2	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	134	118	78	54	134	83	95	42
Smallpox	133	133	99	88	22	12	24	18
Syphilis	81	119	82	149	126	103	55	31
Tuberculosis	202	220	158	139	131	154	142	76
Typhoid Fever	32	30	29	20	16	21	9	7
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	45	68	37	65	80	70	74	44
Totals	1607	1641	1050	996	1808	1455	1426	732

33113 7-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 24 JULY 26, 1924 GUY P. JONES EDITOR

California's Infant Mortality is Low.

Babies in Santa Cruz, California, have a better chance for life than the babies of any other city in the Birth Registration Area of the United States according to infant mortality statistics published today by the American Child Health Association of New York City. Santa Cruz's rate for 1923 is 26 which means that only 26 infants out of every one thousand born within the city died during their first year.

Not only Santa Cruz but the entire State of California has a very low infant mortality rate. Los Angeles with a record of 72 ranks third among the ten largest cities of the country, while Pasadena with 37 stands first among cities of 50,000 to 100,000 population. The state itself having a rate of 66 holds forth place among the 30 states and the District of Columbia which comprise the Birth Registration Area. The report issued by the American Child Health Association covers this area and includes cities of more than 10,000 population.

Winchester, Massachusetts, is the only one other city in the Birth Registration Area with a record equal to Santa Cruz. This city also has an infant mortality rate of 26 as compared with the average rate of 78 for all the cities within the Area.

The states holding better records than California are:

Washington 51; Oregon, 53, and Minnesota, 62. As in 1922 the Pacific coast states again lead all sections of the country. The sectional rate for Washington, Oregon and California is 57, the lowest rate for any section within the Birth Registration Area.

The infant mortality record issued by the American Child Health Association of which Herbert Hoover is president, has become an annual report, designed to interest the American public in a reduction of mortality rates all over the country. The figures for the report have been secured from the United States Bureau of the Census and from state and local authorities. In addition to data from the Birth Registration Area the report also takes in statistics from other territory within the Death Registration Area, the total cities covered amounting to 665.

Twenty-five cities are listed in the California statistical tables. These cities with their comparative rates for 1922 and 1923 are as follows:

	1922	1923
Alameda	42	40
Bakersfield	66	86
Berkeley	37	41
Eureka	74	96
Fresno	83	90
Glendale	53	42
Long Beach	38	41
Los Angeles	73	72
Oakland	64	63
Pasadena	46	37
Pomona	69	64
Richmond	62	61
Riverside	69	95
Sacramento	67	66
San Bernardino	117	112
San Diego	47	59
San Francisco	56	58
San Jose	60	53
Santa Ana	89	80
Santa Barbara	38	61
Santa Cruz	57	26
Santa Monica	72	90
Stockton	66	79
Vallejo	60	64
Venice	65	79

Digitized by Google

Why California Cancer Death Rate is High.

The character of our population is a factor in the production of a high cancer mortality rate in California. Dr. Louis I. Dublin of New York, in discussing California cancer death rates, says:

"There are two statistical reasons why the California cancer rates are higher than in other areas. The crude death rates are higher because California has a heavier proportion of persons at ages above forty-five years than is found in many other states. In Table 1, I am showing the proportion of persons forty-five years of age and over in the total population of the first ten states shown on the Census Bureau's usual cancer mortality tables. I am also showing the facts for the city of San Francisco. Even if there were no higher cancer death rates at the specific age periods in California, we would expect a higher crude rate because of the concentration of older persons in the population. California has 26.1 per cent of its population at ages forty-five and over, and this is the highest ratio for the ten states for which we have taken off the records.

"But, even if allowance for the differences in the age distribution of population is made, there still remain the significantly higher cancer death rates at specific age periods in California. These are shown in Table 2. You will see that the adjusted death rate for San Francisco is 132 per 100,000 of population, as compared with 87 for the State of California and 79 for the Registration States combined. Why San Francisco should have such higher specific cancer death rates at the several age divisions is not clear to us. Only an intensive analysis of the San Francisco data by sex, age, and the organs or parts affected would lead to any clue to this situation. You know, of course, that Dr. F. L. Hoffman is conducting at the present time an inquiry into cancer mortality in San Francisco. Whether taken on a crude, adjusted or refined basis, San Francisco's cancer death rate is one of the highest for the larger cities of the United States and an inquiry such as that now being directed by Dr. Hoffman seems to be in order."

Table 1.

Percentage of Population 45 Years of Age and Over, 1920.

States	Percent 45 and over
California	26.1
Colorado	21.9
Connecticut	22.2
Delaware	23.7
Florida	19.4
Georgia	16.0
Idaho	18.3
Illinois	21.6
Indiana	24.8
Kansas	22.4
San Francisco	24.3

Table 2.

Death rates per 100,000. Cancer all forms. 1920.

Total Registration States, State of California, Cities of Los Angeles and San Francisco.

Age period	Reg. States of 1920	State of California	Los Angeles	San Francisco
All ages:				
Crude rate	84.0	110.9	138.0	152.6
Adjusted rate	79.1	87.1	102.0	132.1
Age periods:				
25 to 34	14.9	17.3	18.9	36.7
35 to 44	57.0	58.9	74.6	88.8
45 to 54	155.1	170.2	226.1	260.9
55 to 64	345.8	383.8	403.9	667.5
65 to 74	610.2	665.5	776.8	919.9
75 and over	903.7	1013.2	1146.7	1306.5

There is something better than making a living—making a life.—Abraham Lincoln.

Unity Needed in Attack on Disease.

The time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease—particularly that mass of crippling morbidity and invalidism which is undermining the capacity and efficiency of the people—an attack which will depend for its achievement upon a close partnership and cooperation between all branches of medicine, between the medical profession and the public, and between the governing authorities and those who are governed. We can not continue wisely to rely upon piecemeal effort, divided counsels, and conflicting authorities. If the nation desires ever to rid itself of the common enemy there must be unity both of purpose and action— and even so the task will be a long one.

"Let no man think that sudden in a minute
All is accomplished and the work is done;—
Though with thine earliest dawn thou shouldst begin it
Scarce were it ended in thy setting sun."

—Sir George Newman.

Disease is a crime, a man has no moral right to be sick.—C. G. Finney.

Digitized by Google

How Nuisances Are Abated.

The abatement of nuisances is one of the most common procedures in all local health departments and the California State Board of Health is frequently appealed to for aid in securing the abatement of a nuisance that may or may not be a menace to the public health. What constitutes a nuisance is often a subject for debate.

The courts generally consider that a nuisance must be more than merely unsightly, unpleasant or somewhat injurious, that on the contrary it must work a material annoyance, inconvenience or injury, that it must do this to the ordinary person of ordinary sensibilities in the neighborhood. That it may not be offensive to a person lacking in the finer sensibilities or with dulled olfactory senses is no defense. That it may arouse the ire of persons of elegant habits of living is not sufficient to cause nuisance. Property damage can have no part in a public nuisance and the health officer about to abate one must assure himself that the objections are not magnified by losses. Nor is a sentimental objection to the mere presence in the neighborhood of the thing complained of sufficient or any cause for action. Until there is actual and material menace to health, annoyance or inconvenience to the ordinary persons in the neighborhood where people dwell or pass or have the right to pass, or an impairment of a public right, there can be no public nuisance. As a matter of policy the health officer will usually examine into all complaints to determine whether there is a public nuisance. He must be thoroughly sure that the nuisance is a public one before taking any legal steps. An error may prove costly. He can not afford to let a neighborhood, stirred up by the eloquence of some agitator suffering a private nuisance, force him into any but a deliberate course of investigation and action.

Custom often plays an important part in judging a nuisance. What is a nuisance in one locality may not be a nuisance in another. Thus, hog pens in the country may be proper, and a manufacturing plant, decidedly injurious in a residential district, may not be at all out of place in an industrial zone. Things which are a nuisance in a thickly settled community may be no nuisance at all in a sparsely settled community.

However, the courts quite generally impose upon those who may use property to the detriment of others, even in localities given over to similar practices, the burden of reasonable diligence and the taking of all available precautions to minimize the offense and injury to neighbors.

The civil code of California authorizes the abatement of public nuisances by any public officer or body so empowered by law. The penal code empowers the health officer or district attorney to serve notices to abate nuisances. A nuisance violating such notices is defined as a misdemeanor and the district attorney is directed to prosecute until the nuisance is removed.

The constitution gives counties, cities and towns the right to regulate matters relating to health and sanitation within them. The political code requires their governing boards to adopt ordinances in pursuance thereof, and to appoint health officers who shall enforce such ordinances and also the health laws of the state and orders or regulations of the State Board of Health.

The political code gives the State Board of Health the power to enjoin and abate those nuisances which are dangerous to health. The Public Health Act also gives the State Board of Health power to abate nuisances due to sewage disposal.

The procedure in remedying nuisances may be by criminal prosecution or by a civil suit, indictment, injunction or abatement. For minor nuisances the first procedure is usually employed. For the larger nuisances, where a permanent settlement is the end sought or where the cost of remedy might be far greater than the maximum fine, a civil suit is more appropriate.

Many, in fact most, nuisances are remedied without litigation, through the judgment, tact and skill of the health officer. The person responsible for the nuisance is usually willing to accept the decision of the health officer as to the merits of the case and if the party at fault can be shown what he should do, he is usually willing to do his best to correct it. In fact, the health officer who can give sound, constructive advice on how to overcome the nuisance succeeds best.

The trotter, the delivery and the truck horse are things of the past, and with the horse has gone the fly-breeding places most numerous and difficult to control. With the fly control problem simplified—thanks to the automobile—and with more definite information about life history and methods of control, health officials should be encouraged to begin anti-fly campaigns; an undertaking in which, only a few years ago, success seemed virtually impossible. Today, the presence of large numbers of flies in the business sections of a municipality constitutes a reflection on local health administration.—New Jersey Health News.

Digitized by Google

MORBIDITY.*

Diphtheria.

114 cases: Glendale 3, Modesto 1, Oakland 21, El Cerrito 5, Santa Clara County 2, Kern County 2, Placer County 1, Glendora 1, Guadalupe 1, Los Angeles County 9, Hawthorne 1, Alhambra 2, Huntington Park 1, San Bruno 4, Covina 1, Long Beach 5, Niles 1, Alameda County 3, San Francisco 20, Stockton 1, Martinez 1, Merced County 2, Stanislaus County 1, San Jose 1, Bakersfield 1, Fowler 1, Burbank 1, Sacramento 14, Tulare County 1, Berkeley 3, Fresno County 1, Alameda 1, Watsonville 1.

Measles.

29 cases: Oakland 1, Palo Alto 1, Corona 3, Lynwood 2, Los Angeles County 10, El Segundo 1, San Bruno 1, Alameda County 2, San Francisco 1, Pasadena 1, Fullerton 1, Sacramento 3, Tulare County 1, Napa 1.

Scarlet Fever.

44 cases: Santa Barbara 1, Kingsburg 2, San Luis Obispo County 1, Modesto 1, Oakland 4, Vallejo 1, Santa Clara County 1, Kern County 1, Lassen County 1, Los Angeles County 6, Compton 1, San Francisco 10, Stockton 1, Pasadena 1, Santa Cruz 1, Stanislaus County 1, Orange County 1, San Jose 1, Kingsburg 1, Sacramento 1, Tulare County 1, Berkeley 1, Fresno County 1, Watsonville 2, San Rafael 1.

Smallpox.

41 cases: Kern County 1, Los Angeles County 16, Pomona 1, South Gate 3, Huntington Park 1, Long Beach 8, Pasadena 1 Orange County 1, Bakersfield 1, Orange 1 Burbank 1, Sacramento 2, Tulare County 3 San Bernardino 1.

Typhoid Fever.

24 cases: Shasta County 2, Ventura Count 4, Sacramento 2, San Jose 2, San Francisc 1, Modoc County 1, South Gate 1, Lon Beach 4, San Joaquin County 1, Fullerton 1 Lassen County 1, Alhambra 1, California 3

Whooping Cough.

37 cases: Modoc County 2, San Luis Obisp 1, Oakland 2, Alameda County 1, Los Angele County 8, San Francisco 2, Long Beach 3 Stockton 3, Pasadena 5, Anaheim 1, Sant Ana 6, San Bernardino 1, Eureka 2.

Cerebrospinal Meningitis.

One case, San Joaquin County.

Leprosy.

One case, Stockton.

Poliomyelitis.

2 cases: Long Beach 1, Riverside County 1

Epidemic Encephalitis.

One case, San Joaquin County.

Paratyphoid Fever.

One case, Santa Barbara.

*From reports received on July 21 and 2 for the week ending July 19.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending July 19 received by July 22	Week ending			Reports for week ending July 21 received by July 24
	June 28	July 5	July 12		June 30	July 7	July 14	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	2	1	4	4	3	4
Chickenpox	197	109	84	45	84	105	112	45
Diphtheria	250	161	159	114	152	147	111	111
Dysentery (Bacillary)	15	33	0	0	0	0	0	1
Epidemic Encephalitis	6	6	1	1	1	3	2	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	84	46	96	22	82	101	149	89
Influenza	1	3	3	3	18	8	10	8
Leprosy	2	0	1	1	1	1	0	0
Malaria	3	5	1	1	3	2	7	2
Measles	255	132	127	29	605	607	420	302
Mumps	49	40	25	10	14	6	10	9
Pneumonia (Lobar)	87	27	13	21	46	41	23	22
Poliomyelitis	1	4	1	2	2	2	0	4
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	118	78	58	44	83	95	66	78
Smallpox	133	99	102	41	12	24	36	40
Syphilis	119	82	150	34	103	55	113	126
Tuberculosis	220	158	156	139	154	142	165	127
Typhoid Fever	30	29	37	24	21	9	15	13
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	68	37	69	37	70	84	73	65
Totals	1641	1050	1085	569	1455	1436	1315	1047

CALIFORNIA STATE PRINTING OFFICE

24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 25 · AUGUST 2, 1924 · GUY P. JONES EDITOR

Clonorchiosis Held "Contagious Disease."

The following abstract of a court decision concerning release of a clonorchiosis patient held for deportation will be of interest to California health officers. A few years ago a large number of Chinese suffering from this disease was held at Angel Island in San Francisco Bay, giving rise to legal effort to secure their release.

Clonorchiosis as a "Dangerous Contagious Disease."

(Ex parte Liang Buck Chew (U. S.), 296 Fed. R. 182.)

The United States District Court, in Massachusetts, in dismissing a petition to secure the release by habeas corpus of a Chinese who was held for deportation because the health officers of the immigration service certified that he was suffering from a "dangerous contagious disease," being found to have clonorchiosis, or flukeworm of the liver, disagrees with the contention that the medical certificate was conclusive on all parties in interest, and that no inquiry was open as to whether it was correct or incorrect, reasonable or unreasonable. The court says that it seems to it that the certificate of a health officer made under the statute stands on the same footing as final decisions of other immigration tribunals, and that it is open to the petitioner to show that the certificate was wholly unwarranted on any reasonable view of the applicant's condition; in other words, was unsupported by any evidence. Clonorchiosis is not directly transmissible from man to man; the parasite that causes it has to pass through two intermediate hosts before becoming capable of infecting another person. It is contracted by human beings, usually and perhaps always, by eating raw or nearly raw fish infested with the parasite. The regulations of the public health service, which declare that the word "contagious" is to be regarded as synonymous with "communicable," include it as a dangerous contagious disease. The underlying intention of the statute is to establish safeguards against the introduction into this country by alien immigrants of dangerous diseases, which might spread and do harm here. Certain diseases of which this would be true—e.g., yellow fever—are not contagious in the strict sense of the word. But they must be within the intended scope of the act. The regulation making "contagious" equivalent to "communicable" seems pretty broad; but, assuming that the regulation be given a reasonable construction, the court is not prepared to say that it is invalid. Even so, there remains a good deal of doubt whether clonorchiasis can reasonably be found to be a dangerous contagious disease in this country. In view of its history and nature, there seems little likelihood of its ever becoming a menace here. It may be that the health officers are overcautious about it; but it seems to the court to be going too far to say that they are unreasonable.

Have mind upon your health.—Shakespeare, in Julius Caesar.

Digitized by Google

Pacific Coast Health Officers To Meet In Portland.

The annual conference of Pacific coast health officers will be held in Portland, Oregon, August 6th. The headquarters will be the Portland Hotel. The meetings will be held in Library Hall of the Public Library Building. A number of California health officers will be in attendance, among them Dr. F. W. Browning, secretary of the Health Officers' Section of the California League of Municipalities, Dr. W. M. Dickie, Secretary of the California State Board of Health, Dr. C. H. Halliday, Epidemiologist of the California State Board of Health, Dr. N. E. Wayson, San Francisco, United States Public Health Service, and Dr. John N. Force, University of California. The program follows:

August 6th.

9:00 A.M. Registration.

10:00 A.M. Call to order by the President. Roll Call.

10:00 A.M. Address of Welcome—Walter M. Pierce, Governor of Oregon.

10:30 A.M. President's Address.

10:45 A.M. Reading of Minutes of Last Conference.

Uniform State Health Legislation—
Dr. Paul A. Turner, State Health Commissioner, Seattle, Washington.

Standardized Interstate Auto and Camp Regulations—
Dr. Walter M. Dickie, Secretary, California State Board of Health, Sacramento.

Reliable Bills of Health—
Dr. Robert H. Mullen, Minister of Health, Vancouver, British Columbia.

12:15 P.M. Guests of Social Workers Association of Oregon, Luncheon,—Y. W. C. A.
Public Health—Dr. Walter M. Dickie, Secretary, California State Board of Health, Sacramento.

2:00 P.M. Cooperative Health Units—
Dr John A. Ferrell, International Health Board, New York City.

Disease Prevention Work of the United States Public Health Service—
Col. G. M. Magruder, U. S. P. H. S., Seattle, Washington.

Laboratory Work of the United States Public Health Service—
Dr. N. E. Wayson, U. S. P. H. S., San Francisco.
Selection of next meeting place.
Election of Officers.

8:00 P.M. Meeting for physicians.

Intradermal Tests—
Dr. John N. Force, Associate Professor of Epidemiology, University of California, Berkeley.

Prevention and Cure Held Inseparable.

"The merged fields of cure and prevention can not be occupied by two separate, disarticulated forces, one representing the idea of cure and the other of prevention. Separation of forces means lack of understanding, absence of co-ordination between workers whose tasks are much the same; it means friction and conflict with resulting harm to both medicine and public health. Combination of forces means understanding, co-ordination and increased efficiency for both branches of medicine. Another reason, one of necessity, which requires public health to join with the forces of medicine is the size of the force of workers that public health would have to organize and train in order to encompass the vast problem of disease prevention and health promotion. One can get a quick, convincing view of the size of the force that public health would need to occupy simply the present field of untreated disease, by recalling the fact that the profession of medicine today is able to occupy about one-third or one-fifth of the field which in the interest of the public it should occupy. Public health must of necessity utilize the rank and file of the medical profession, the 150,000 doctors of this country, in performing the various items of work that enter into a public health program, or frankly and seriously considered a program of developing a separate and special force of from 150,000 to 200,000 workers.

The fields of cure and prevention are, then, merged not only through the inseparableness of their problems, but under the necessity of being developed by a single well organized, co-ordinated force."—[From the report of the Committee on Relation of Medical Men and Health Officials, Conference of State and Provincial Health Authorities of North America, 1923.]

Health Constitutes an Indispensable Foundation.

"Health is the indispensable foundation for the satisfaction of life. Everything of domestic joy or occupational success has to be built on bodily wholesomeness and vitality. Health is essential to the enjoyment all through life of sports and active bodily exercise. It is also necessary to continuous capacity for hard work; and it is only through active play and hard work that anybody can make sure of the durable satisfaction

Digitized by Google

of life. To promote health in the individual, the family, and the community, should be the constant aim of every good citizen in the American democrary."—Charles W. Eliot.

Out In The Open.

Year by year the city dweller is being more and more hedged in by his environment. Homes, at one time with plenty of yards on all sides, are being crowded together, streets where once the horse and the human were supreme, are now filled to overflowing with the noise and confusion of automobile and trolley traffic. Tall buildings are cutting off light and ventilation and the factories are filling the air with smoke and fumes. The city dweller is adapting himself to these cage-like conditions and is happy only in this environment.

Human beings were made to live with the heavens overhead, with open spaces on all sides and with real earth under foot. In the city today there are buildings and wires over head, motor vehicles and noisy life on all sides and brick and concrete under foot.

While the business of life seems to require many people to live in crowded centers, nevertheless everyone should get out into the open as often and for as long periods of time as possible, especially during the summer months.—New Haven Department of Health.

Immunize Individuals In All Summer Camps.

Organizations and individuals who undertake the responsibility of providing outings for groups of children and who conduct summer camps for Boy Scouts and similar organizations are loaded down with heavy duties. The appearance of three cases of typhoid fever among a troop of Boy Scouts which spent two weeks in a camp in the northern part of the state places an added emphasis upon this responsibility. The provision of adequate sanitary equipment in all camps is necessary as well as the proper maintenance of such equipment. It would seem, however, that more than the provision of a sanitary camp environment, alone, is needed. Every individual who takes part in one of these organized outings should be immunized against typhoid fever, and smallpox as well, before he leaves home. This procedure is of first importance and it should be made a requirement for admission to any and all community camps and organized outings.

Oregon Health Officers To Hold Conference.

City and county health officers of Oregon will hold their annual conference immediately following the meeting of Pacific coast health officers to be held in Portland, August 6th. Among the California public health authorities who will present papers at this state conference are Dr. John N. Force of Berkeley, Dr. N. E. Wayson of San Francisco, Dr. Alexander Fleisher of San Francisco, and Dr. Walter M. Dickie, Secretary of the California State Board of Health. Dr. Abraham Zingher of the Department of Health of New York city will present a paper at this conference, the title of which is, "Results Obtained From the Dick Test In Normal Individuals And In Acute And Convalescent Cases Of Scarlet Fever."

At a nurses' institute, held simultaneously, Miss Elnora Thomson of San Francisco, American Child Health Association, will direct a symposium of the infant and preschool child.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

*Reported by office number. Name and address not required.

Digitized by Google

MORBIDITY.*

Diphtheria.

161 cases—Willits 1, San Marino 1, South Pasadena 1, Beverly Hills 1, Newport Beach 2, San Leandro 2, San Mateo County 2, Pittsburg 1, San Jose 4, Oakland 11, Merced County 1, Los Angeles City 58, San Francisco 19, Stockton 2, Los Angeles County 12, Compton 2, Huntington Park 1, Manhattan Beach 4, Hawthorne 1, El Segundo 1, South Gate 1, Sacramento 6, Berkeley 6, San Diego 1, Merced 1, Orange County 1, Santa Ana 2, Santa Clara County 1, Alameda County 2, Alameda 1, Fresno County 1, Long Beach 3, Pasadena 1, Santa Rosa 2, Vallejo 1, Fowler 1, Sonoma County 1, Stanislaus County 2.

Measles.

50 cases—Dinuba 1, Oakland 2, Los Angeles City 17, San Francisco 1, Santa Barbara 2, Benicia 1, Sacramento 5, Los Angeles County 2, San Joaquin County 5, Tracy 4, San Diego 1, Berkeley 4, Chico 1, Long Beach 1, Pasadena 2, San Luis Obispo County 1.

Scarlet Fever.

43 cases—South Pasadena 1, Santa Cruz 2, San Leandro 2, Lynwood 2, Oakland 1, Los Angeles City 12, San Francisco 7, Stockton 2, Pomona 1, Los Angeles County 3, San Diego 2, Orange County 2, Fresno County 2, Long Beach 2, Contra Costa 1, Stanislaus County 1.

Smallpox.

76 cases—Venice 3, Los Angeles City 22, South Pasadena 1, Selma 1, Los An County 26, Compton 5, Huntington Par San Diego 2, Orange County 3, Santa An Ventura County 1, Long Beach 6, S Maria 3, Burbank 1.

Typhoid Fever.

28 cases—Susanville 1, Imperial Count Los Angeles City 8, Los Angeles Count Colusa County 1, Santa Cruz 1, Fullerto Benicia 1, Orange County 1, Tehama Co 1, Butte County 1, Long Beach 2, Sou County 1, California 2.

Whooping Cough.

53 cases—Tulare County 1, Oakland 1, Angeles City 18, Whittier 1, Los An County 14, Manteca 5, Berkeley 1, San L 1, Santa Ana 1, Santa Clara County 1, S Monica 1, Visalia 2, San Luis Obispo Co 6.

Epidemic Cerebrospinal Meningitis.

1 case, San Francisco.

Poliomyelitis.

2 cases—Venice 1, Sonoma County 1.

Botulism.

5 cases, Los Angeles City.

*From reports received on July 28th 29th for week ending July 26th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending July 26 received by July 29	Week ending			Rep for end July rece b July
	July 5	July 12	July 19		July 7	July 14	July 21	
Anthrax	0	0	0	0	0	0	0	
Botulism	0	0	0	5	0	0	0	
Cerebrospinal Meningitis	1	2	3	1	4	3	6	
Chickenpox	109	84	88	40	105	112	51	
Diphtheria	161	159	180	161	147	111	130	
Dysentery (Bacillary)	33	0	0	0	0	0	12	
Epidemic Encephalitis	6	1	1	0	3	2	4	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	46	96	40	68	101	149	92	
Influenza	3	3	4	4	8	10	8	
Leprosy	0	1	1	0	1	0	0	
Malaria	5	1	1	1	2	7	4	
Measles	132	127	49	50	607	420	348	
Mumps	40	25	13	26	6	10	10	
Pneumonia (Lobar)	27	13	28	18	41	23	25	
Poliomyelitis	4	1	3	2	2	0	5	
Rabies (human)	0	0	1	0	0	0	0	
Scarlet Fever	78	58	69	43	95	66	94	
Smallpox	99	102	80	76	24	36	41	
Syphilis	82	150	62	194	55	113	129	
Tuberculosis	158	156	240	115	142	165	146	
Typhoid Fever	29	37	39	28	9	15	24	
Typhus Fever	0	0	0	0	0	0	0	
Whooping Cough	37	69	66	53	84	73	106	
Totals	1050	1085	967	825	1436	1315	1235	

CALIFORNIA STATE PRINTING OFFICE

O

3113 8-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

LANE MEDICAL LIBRARY

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 26 AUGUST 9, 1924 GUY P. JONES EDITOR

Garbage Disposal.

Garbage and refuse is one of the most perplexing problems that confronts the average health officer. Because of the need for full information upon this subject the following article by Mr. S. A. Greely, Consulting Sanitary Engineer of Chicago, printed in the *Michigan Public Health* is reproduced, in part, in this issue of the BULLETIN.

By SAMUEL A. GREELEY, S.B., Consulting Sanitary Engineer, Chicago, Ill.

I have been asked to talk on the subject of garbage disposal. This is perhaps one of the phases of sanitary engineering work less closely related to the public health and in which less progress may perhaps be recorded than in the fields of water supply and sewage treatment. Refuse disposal as a science was little known fifty years ago. In this country it was first started on the way to a scientific basis by Rudolph Hering through his work for the American Public Health Association in 1887. That was about thirty-five years ago. One of the first garbage incinerators in America was built for the United States Government on Governor's Island in New York Harbor in 1885. The Merz System of garbage reduction for the manufacture of grease and fertilizer was introduced into America at Buffalo in 1886.

Since the installation of these two plants, many different methods of incineration and reduction have been developed. Some of these have been successful and others unsuccessful, depending, in my judgment, in considerable measure upon the rationality of the design from an engineering standpoint and the soundness with which the works were built, plus the ever important aspect of efficient operation.

Many years, however, before the introduction of these special processes, garbage was buried in the soil or fed to hogs. Even now, these methods of disposal offer a satisfactory method although they are frequently abused in spite of their long use.

To give a description of the present status of garbage disposal I am going to outline briefly an investigation which we are just now making into the garbage and refuse disposal problem of New Trier Township immediately adjacent to the city of Chicago on the north.

General Definitions.

It seems hardly necessary to give much space to a definition of terms. By house refuse, I mean garbage, ashes and rubbish. Refuse is a comprehensive term including mixtures of its various classes. Garbage although relatively small in quantity is the most readily decomposed and therefore, more likely to create nuisance as well as to harbor flies, rats, and vermin. Ashes are by far the largest in quantity but are relatively inert. Rubbish comprising old papers, boxes, barrels and the like is the most bulky and unsightly.

What Can the Health Officer Do?

I hesitate to make much comment under this heading, as I am not a health officer. I have often felt that remote control by the health officer is likely to be more effective than direct manage-

ment. If the collection and disposal of refuse is handled by a strict Department or Department of Public Works, the health officer is in a position to make frequent inspections and to give his influence to maintaining a high standard of service.

I believe that a health officer can go further than this in the development of a satisfactory system of garbage disposal. Much common sense and a realization of relative values is needed in the garbage disposal field today. Many processes and methods of disposal are under promotion by skillful salesmen. I know of several communities in which relatively expensive garbage disposal plants have been built and never operated. A sound understanding of the relative value as regards public health and convenience of collection on the one hand and disposal on the other is very much needed. The collection of garbage not only costs more in general than its disposal, but it also affects more people more directly than the disposal and coupled with the disposal of rubbish and the maintenance of dumps, has a marked effect on the cleanliness of a community. If the health officer could fully comprehend the fundamental aspects of refuse collection and disposal and guide the solution into rational lines, much would be accomplished in the efficiency and economy of the service. Fifteen years ago or so, water filtration plants were sold by manufacturers. An approach toward quantity production limited the development of good delivery. Therefore, many water filtration plants have been built with very poor design of pipe galleries and other details. Since competent design has been secured through experienced engineers, better filtration plants have been built. A somewhat similar analogy holds in the garbage disposal field.

Brief Statement of Methods.

Before proceeding with a description of the New Trier Township survey, I want to briefly mention some of the available methods of garbage disposal.

(a) Garbage can be disposed of by shallow burial. Modifications of this are plowing into the soil, land fill with the addition of relatively clean inert materials and dumping into large bodies of water.

(b) The food value of fresh garbage is sufficiently great to have made feeding to hogs an old and very common method of final disposal. During the war the use of this method was greatly extended.

(c) European practice has largely developed to the burning of refuse in specially designed furnaces with or without an additional fuel. This may be a sanitary but relatively expensive method.

(d) The reduction method of garbage disposal consists in causing the garbage to be separated into four parts—water, grease, tankage and volatile matter. This method is more applicable to larger than to smaller cities.

(e) A recent method introduced from Italy is the so-called Beccari method in which the garbage is allowed to ferment in specially designed masonry chambers for a period of several months, at the end of which time it has a fertilizer value.

There are, of course, other special methods and under the general term, methods for collection should also be included, as for instance by horse-drawn vehicles, motor trucks or by the tractor trailer system.

New Trier Township Survey.

We are just completing an investigation of this problem for New Trier Township in Illinois which includes four incorporated towns with a present population of about 26,000. The Township comprises almost entirely residential districts. It extends some six miles along Lake Michigan on the east and inland three to four miles. The bulk of the population lies in the area within a mile and a half of Lake Michigan, but rapid growth is pushing the population to the west.

An old marsh a mile or so wide extends along the entire western margin. This is gradually being drained or filled and made habitable.

At the present time the collection and disposal of garbage and other refuse is done on a more or less informal basis. The collection is partly by contract and partly by hired trucks under village operation. The garbage is taken to the west and either plowed into the soil or fed to hogs. This has been inexpensive, but has given trouble through uncertainty as to operation and the creation of nuisance.

Ashes have been dumped along new roads and in available low areas. This has been quite satisfactory, but the space is limited and will be exhausted in about two years. It is estimated that the production of ashes amounts to about 20,000 tons per year of 34,000 cubic yards, which would cover four acres five feet deep.

Garbage on the other hand amounts to about 4,000 tons per year or 8,000 cubic yards. The production is quite low in winter and very high in summer. This amount of garbage at the rate of 40 pounds to yield one pound of pork would produce 200,000 pounds of pork per year.

Digitized by Google

Rubbish has been dumped much to the displeasure of the local improvement associations. It has disfigured parts of otherwise attractive districts.

The cost of collecting and disposing of this house refuse amounts to about $78,000 per year or about $3 per capita of the total population. If every house in the township were given service, the cost would increase to upwards of $4 per capita.

The contracts for garbage disposal have been let from year to year and the places of disposal have had to shift with the encroaching population. This uncertainty coupled with the anticipated shortage of dumps led to the present investigation.

At the present time I am not at liberty to report any specific conclusions, but a number of relative conclusions may be of interest.

For garbage disposal, we considered incineration, burial, hog feeding and the Beccari process. We first computed the cost per ton for disposal at a single plant, two plants, and three plants, including in each case the estimated cost for hauling or transportation. The single plant proved to be the least costly, with two plants more favorable than three. The reason for this was apparently because the motor permits of relatively long hauls on good roads at high speeds with little difference in the cost as between a single plant and three plants.

As between the various methods of garbage disposal for a single plant, the following computations resulted:

Method.	Net Cost per Ton.
Incineration	$3.10
Burial	1.94
Hog Feeding	0.76 profit.
Beccari Process	0.35

Obviously, incineration is quite expensive. Hog feeding may not be permissible in the district under consideration, although the estimates included all practical methods for eliminating nuisance. Burial in conjunction with ash disposal in the swampy area along the west margin of the District offers possibilities, particularly if the value of reclaimed land should be included.

In this community are many lawns, gardens, country clubs, and the like. Therefore it is likely that the fertilizer produced in the Becarri process will have a steady market. This process, therefore, has an interesting application to this particular community.

In the disposal of ashes, the cost of haul is relatively more important. The cost of disposal by dumping was estimated at 48 cents per ton. A worthwhile consideration for ash disposal would be the purchasing of waste land and reclaiming it by fill, thus securing a return by the increased value. This, of course, would have to be done under careful management and accounting.

For rubbish, it seems essential to make some disposition that will not disfigure the community. The least expensive is dumping. Under proper operation the readily salable portions of the rubbish would be picked out. The bulky, easily combustible portions would be burned in a brick pit. Tins would be bailed. The residual rubbish and bailed tins would be dumped and buried with the ashes. A more expensive rubbish disposal would be complete sorting in a building for shipment out of the district with high temperature incineration of the residual.

As regards collection, we believe for this district motorized equipment would be best because it is cleaner on the streets than horse-drawn vehicles. We are making careful studies of the best size and kind of equipment for the proposed service. Present indications indicate a close decision as between light inexpensive trucks and heavy, more or less expensive trucks of large capacity.

There remains now to relate the somewhat general studies to available sites and local operations so that a workable scheme can be perfected. It is quite likely that the disposal will be planned for a progressive development.

The various combinations and alternatives which require consideration in working out a refuse disposal project are apparent from the foregoing description. We have prepared a chart to illustrate the various relationships. There are four principal elements to deal with and three to be satisfied, including householders, the public and the economy of operation. Between these four elements, namely, house treatment, collection, haul and final disposal, and the three elements to be satisfied there appear to be 19 different relationships. Thus, collection is not only influenced by the house treatment and haul, but also by items of cost in operation, public considerations, methods of final disposal and the like.

Like all engineering problems, the refuse disposal problem is one which can not be reduced to mathematical calculation, but must be solved on a basis of experience by those who have had opportunity to study and correlate this experience in a broad manner.

Health is certainly more valuable than money; because it is by health that money is procured.—Johnson.

Digitized by Google

MORBIDITY.*

Diphtheria.

126 cases of diphtheria have been reported, as follows: Los Angeles 41, San Francisco 19, Oakland 14, Los Angeles County 8, Sacramento 7, Gridley 5, San Jose 3, Concord 2, Berkeley 3, Palo Alto 1, Ontario 1, Manteca 2, Tracy 2, Lodi 2, Turlock 1, San Bernardino County 2, Santa Clara County 3, Monrovia 1, Manhattan 1, Whittier 2, San Diego 4, Santa Cruz County 1, Long Beach 1.

Measles.

39 cases of measles have been reported, as follows: Los Angeles 12, Los Angeles County 4, South Pasadena 2, Sacramento 1, Banning 1, Oakland 1, Santa Clara County 1, Siskiyou County 3, Pasadena 1, San Francisco 2, Fullerton 2, Colton 1, Santa Cruz 1, Long Beach 1, Palo Alto 1, Berkeley 1, San Joaquin County 1, San Bernardino County 1, San Diego 2.

Scarlet Fever.

46 cases of scarlet fever have been reported, as follows: Los Angeles 12, Los Angeles County 5, San Francisco 6, Alameda County 1, Oakland 2, Ontario 2, Orange County 3, Stockton 1, Sacramento 1, Paso Robles 1, San Diego 2, Fresno County 1, San Bernardino County 2, Kingsburg 1, Butte County 1, Santa Clara County 1, Redlands 1, Santa Barbara 3.

Smallpox.

60 cases of smallpox have been reported, as follows: Los Angeles 32, Long Beach 6, Los Angeles County 11, Oakland 1, Santa Ana 1, Orange County 2, Orange 1, San Diego 1, Huntington Park 2, San Bernardino County 1, Tulare County 1, Colton 1.

Typhoid Fever.

22 cases of typhoid fever have been reported, as follows: San Francisco 2, Benicia 2, Los Angeles 1, Oakland 2, Banning 1, Pasadena 1, Ventura County 2, Lodi 1, Sacramento County 2, Fresno County 3, Tulare County 1, Los Angeles County 2, Sonoma County 1, California 1.

Whooping Cough.

78 cases of whooping cough have been reported, as follows: Los Angeles 24, Alameda 7, Palo Alto 6, Manteca 5, Los Angeles County 10, Ontario 1, Orange County 4, Tulare County 1, Long Beach 3, Pasadena 4, Red Bluff 1, Torrance 1, Fresno County 2, Stockton 1, San Joaquin County 2, El Monte 1, Orange 1, Santa Monica 1, San Francisco 1, Oakland 2.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 1, San Francisco 1.

Leprosy.

4 cases of leprosy have been reported, as follows: Los Angeles 3, San Fernando 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Oakland 1, San Francisco 1, Fresno County 1.

Botulism.

1 case of botulism has been reported from Los Angeles.

*From reports received on August 4 and 5 for week ending August 2.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Aug. 2 received by Aug. 5	Week ending			Reports for week ending Aug. 4 received by Aug. 7
	July 12	July 19	July 26		July 14	July 21	July 28	
Anthrax	0	0	0	0	0	0	1	0
Botulism	0	0	5	1	0	0	0	0
Cerebrospinal Meningitis	2	3	1	2	3	6	0	1
Chickenpox	84	88	45	27	112	51	43	37
Diphtheria	159	180	165	1.6	111	130	129	90
Dysentery (Bacillary)	0	0	0	0	0	12	0	1
Epidemic Encephalitis	1	1	0	3	2	4	3	4
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	96	40	75	62	149	92	83	83
Influenza	3	4	4	4	10	8	14	2
Leprosy	1	1	0	4	0	0	0	0
Malaria	1	1	1	1	7	4	8	2
Measles	127	49	54	39	420	348	238	163
Mumps	25	13	29	8	10	10	10	9
Pneumonia (Lobar)	13	28	22	16	23	25	96	25
Poliomyelitis	1	3	2	0	0	5	1	4
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	58	69	48	46	66	94	70	56
Smallpox	102	80	85	60	36	41	34	34
Syphilis	150	62	135	81	113	129	103	167
Tuberculosis	156	240	116	177	165	146	120	147
Typhoid Fever	37	39	35	22	15	24	23	29
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	69	66	59	78	73	106	78	62
Totals	1085	966	881	757	1315	1235	1054	916

CALIFORNIA STATE PRINTING OFFICE

4 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 27 AUGUST 16, 1924 GUY P. JONES EDITOR

INTERSTATE TRAFFIC IN COMMUNICABLE DISEASES.*

By WALTER M. DICKIE, M. D., Secretary, California State Board of Health.

Geographical barriers in the United States have been almost completely broken down by improved methods of transportation. Interstate travel has increased, during recent years, beyond all expectations. On the Pacific Coast, alone, automobile travel from north to south, and south to north, is continuous throughout the year, with greatly increased volume during the summer months. With this increased volume of traffic there has naturally come an increased transference of cases of communicable disease. Typhoid and malaria are more easily transported from country to city and there is an increased prevalence of both of these diseases of country origin in most of the larger cities of the coast. Smallpox, diphtheria, scarlet fever and other diseases of the respiratory system have recently been transported increasingly between states. Whole communities, in many instances, have been affected by this widespread dissemination of these infectious diseases.

How extensive has been this spread of disease between states we have no definite means of knowing. For the most part this lack of information is due to the failure of health officers to notify each other reciprocally of cases of communicable diseases that may have been brought into each other's jurisdiction from outside of the state.

In California during 1923 there were at least 64 cases of typhoid infected outside of California. These cases were in individuals who came from as far east as Ohio, Tennessee and middle-western states. Twelve of these 64 cases were in persons who arrived in California from aboard ship. Dr. A. J. Chesley, Secretary of the Minnesota State Board of Health, has reported that from 1913 to 1921 there were 364 typhoid cases infected outside of Minnesota. Of these, 310 came from other states; 4 from Mississippi boats; 26 from Great Lakes boats; 21 from Canada and 3 from Europe. The available statistical data upon interstate traffic in typhoid fever, meagre as it is, indicates the need for the development of a thorough and continuous system of reciprocal notification between state health officers. There is even less statistical data pertaining to interstate traffic in transmissible diseases other than typhoid. In fact, this lack of data hinders the establishment of adequate interstate quarantine regulations.

To be sure about half of the states have adopted the sanitary railway sanitation code approved by the Conference of the State and Provincial Health Authorities of North America

*Read at Conference of Pacific Coast Health Officers, Portland, Oregon, August 6, 1924.

Digitized by Google

and later by the United States Public Health Service in conference with health officers of the United States. The most important features of this code have been incorporated in the United States interstate quarantine regulations. This code provides for control of utensils such as towels and drinking cups, the common use of which on trains is often responsible for the transfer of infection to travelers. It also provides for the control of food and water on trains so as to protect them from contamination.

It is certain, however, that interstate travel by automobile equals, in volume, interstate travel by railway. Since it is impossible to prevent the travel of infected persons, the difficulties that would be encountered being so tremendous as to make it impracticable, it becomes of first importance for state health officers to reciprocate in reporting cases of communicable disease in order that local and state control may be rendered more effective.

Persons in the early stages of measles, scarlet fever and other diseases may complete their journeys while in an infective stage, before any one, the patients themselves included, knows that they are ill. Absolute restriction of travel of sick persons is not to be desired; in fact, it often happens that persons suffering from communicable diseases should be permitted to travel in order that better control measures may be put into force. The travel of such persons should be under supervision, in order that the disease may be kept under control. Surreptitious travel of infected persons is often responsible for extensive spread of communicable diseases.

It goes without saying that persons suffering from any of the five major quarantinable diseases, plague, cholera, yellow fever, typhus and smallpox are absolutely forbidden to travel. There are enormous possibilities for the spread of these diseases and the transportation of persons suffering from any of them is always denied. Traffic in smallpox is a constant menace because of the fact that many of our large communities are almost entirely unvaccinated. Furthermore, smallpox of a virulent type is more prevalent now in the United States at the present time than for many years.

Diseases that are transmitted by sputum, tuberculosis for example, can easily be kept under control while the patient is traveling; the same is true of diseases that are transmitted by feces and urine, like typhoid and dysentery. The problem lies in devising a means for bringing persons suffering from these diseases under control while they are traveling by automobile from state to state. It being impossible to restrict their travel, the only hope for a remedy lies in the development of a thorough and complete system of notification by which every health officer may be promptly advised of any case of communicable disease which may enter the territory under his jurisdiction.

It seems paradoxical that leprosy, less easily contracted perhaps than any of the reportable diseases, is subject to the most severe regulations in its transportation. Not only must permits be required from the Surgeon General of the United States Public Health Service, but from state departments of health as well. Such rigid control for all communicable diseases is not to be desired. The chief requirement is the transfer of full information concerning the movements of persons suffering from communicable disease in order that all health officers concerned may have full opportunity to exercise control of such diseases as they exist in the individuals concerned and thus prevent the spread of disease in their own territories.

Louisiana Accepts Funds Under Federal Welfare Act.

Louisiana has accepted the provisions of the Federal Maternity and Infancy Act, the last of the southern states to take advantage of the benefits under the act. In 1922 the state legislature met and failed to accept; in 1923 the bill for accepting the act passed the senate but was rejected by the house. On July 10, 1924, a bill providing for full acceptance was enacted. Louisiana thus becomes eligible for its share of the federal appropriations for the welfare of mothers and infants during the fiscal year 1924–1925. All of the western and southern states have now accepted the provisions of the federal act.

Health lies in labor and there is no royal road to it except through toil.—Wendell Phillips.

Digitized by Google

Issues Appeal for Smallpox Vaccination.

Louis Olsen, health officer of Palo Alto, is offering timely advice to the residents of his community relative to the advisability of securing protection against smallpox by means of vaccination. In his public appeal he states:

"Several eastern states, as well as California, are experiencing outbreaks of smallpox this year. Although the type prevalent in this state has been mild, the same has not been true in the East. In Detroit, for example, the disease, which was apparently introduced from Canada, has increased in virulence until by the middle of June there had been 125 deaths since the first of the year. At the present time universal vaccination is being carried out to bring the outbreak under control.

The epidemic in Detroit merely gives added emphasis to the fact that there is but one preventive of smallpox, namely, vaccination, and that any city or community that neglects to protect itself against this disease will sooner or later pay the price in sickness, unfavorable advertising and unnecessary deaths.

Vaccination is not compulsory in California and the health officer can simply educate the public as to the effectiveness of vaccination and warn the people as to what will happen if this is neglected. Perhaps this is the best plan, although it is difficult to see why small children who are not old enough to decide for themselves should be made to suffer for the neglect of others. It is evident, however, that if all persons are made acquainted with the facts regarding vaccination, only those who do not care will be the ones to suffer from it.

Data as to the vaccinal condition of the pupils in the Palo Alto elementary and grammar schools at the close of the last school year show that out of 777 pupils from whom histories were obtained only 372 or 48 per cent had ever been vaccinated. This indicates a serious condition. Whenever the percentage of nonimmunes to a communicable disease becomes as great as this there is danger of an outbreak. Conversely, if the percentage of immunes is great enough there will be no danger, and the best way to produce immunity to smallpox is by vaccination."

The noblest motive is the public good.—Virgil.

Bathing in Public Water Supply Illegal.

The *Mt. Whitney Observer,* published in Lone Pine, Inyo County, makes the following caustic remarks on the practice of bathing in the town water supply:

"Some people have rather tough hide as well as peculiar mind; they bathe in the ice-cold water supply of our town, and feel rather insulted when told to desist, and state that it is their business if they care to swim in the icey stream; no old lopsided peace officer has any right to tell them what is good for their health, they know from personal experience what is best. These folks are tourists and we wonder if it is the habit for them to bathe in the water supply at home. A good swim in the cistern. We are not particular about their health but we are just a little particular about what they do to our drinking water and it will be necessary for us to treat them to a little impoliteness if they don't let up. In this country we do like to have our visitors make themselves at home, but it must be asked that they don't practice their bad habits, especially that of bathing in the domestic water supply. Now gentle visitors if you must bathe in the drinking water do so in the Aqueduct, there you may get drowned; at any rate we would have hopes."

How To Prevent Nervousness in Children

Most "nervous" children are the products of the management given them. Nervous parents expect, and so cause, nervous children. They constantly remind the child of this. In their own nervousness they set an example to be imitated (and it usually is). They communicate their worries to the child, who increases them many fold. They can not permit the child to lead a life of its own, and either push it to the extreme limit or do all the thinking for it.

Cultivate calmness. Do not fuss at the child. Give it peace; an opportunity to do things and learn for itself. Use your common sense—your memories of your own childhood; be patient and kind. Settle your worries in some other way than by passing them on to the child. Know your child; its interest and capacities; its weaknesses and strengths. Above all, be calm and

Digitized by Google

peaceful yourself.—Lawson G. Lowrey, M.D., Director, University of Minnesota Child Guidance Clinic.

MORBIDITY.*

Diphtheria.

144 cases of diphtheria have been reported, as follows: Los Angeles 37, San Francisco 21, Los Angeles County 13, Fresno County 6, Sanger 9, Oakland 17, Santa Monica 2, Sacramento 4, Santa Cruz County 2, San Luis Obispo County 2, Daly City 1, Salinas 1, Santa Maria 1, Williams 1, Banning 2, Pacific Grove 1, Torrance 1, San Joaquin County 1, Berkeley 4, El Segundo 2, Burbank 1, El Monte 1, Whittier 2, Los Gatos 1, Sacramento County 1, Long Beach 1, San Jose 3, Ontario 2, San Diego 2, Alameda 1, Butte County 1.

Measles.

35 cases of measles have been reported, as follows: Los Angeles County 9, Los Angeles 7, San Francisco 2, Huntington Park 1, Santa Barbara 1, El Segundo 2, Colton 1, Pasadena 1, Colusa 1, Riverside 1, Oakland 1, Modesto 1, Benicia 1, Bakersfield 1, Sacramento 3, San Jose 2.

Scarlet Fever.

40 cases of scarlet fever have been reported, as follows: Los Angeles 12, San Francisco 5, San Joaquin County 1, Pomona 3, Los Angeles County 3, Visalia 1, Stockton 1, San Diego 1, Marin County 1, Orange County 1, Burbank 2, Eureka 1, San Anselmo 1, Oakland 4, Ontario 1, Long Beach 1, San Jose 1.

Smallpox.

63 cases of smallpox have been reported, as follows: Los Angeles 28, Los Angeles County 6, Sacramento 14, Ventura County 1, Long Beach 2, Compton 2, Venice 1, San Diego 1, Burbank 1, Santa Ana 2, San Gabriel 1, Redlands 1, Anaheim 2, Watts 1.

Typhoid Fever.

26 cases of typhoid fever have been reported, as follows: Visalia 1, Tulare County 1, Sacramento County 2, Sacramento 2, Hermosa Beach 1, Los Angeles County 4, Los Angeles 3, Santa Ana 1, Orange County 1, San Diego 3, San Rafael 1, Watsonville 1, Piedmont 1, Eldorado County 1, Oakland 1, Anaheim 1, California 1.

Whooping Cough.

55 cases of whooping cough have been reported, as follows: Los Angeles 23, Los Angeles County 14, San Diego 6, San Francisco 1, Hawthorne 2, Alameda 1, Fullerton 1, Santa Ana 2, Orange County 1, Long Beach 1, Riverside County 1, Anaheim 2.

Cerebrospinal Meningitis.

Watsonville reported one case of cerebrospinal meningitis.

Poliomyelitis.

Los Angeles County reported one case of poliomyelitis.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, one from San Francisco and one from Los Angeles.

*From reports received on August 11 and 12 for week ending August 9.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Aug. 9 received by Aug. 12	Week ending			Reports for week ending Aug. 11 received by Aug. 14
	July 19	July 26	Aug. 2		July 21	July 28	Aug. 4	
Anthrax	0	0	0	0	0	1	0	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	2	1	6	0	1	2
Chickenpox	88	45	55	37	51	43	37	22
Diphtheria	180	166	137	144	130	129	99	63
Dysentery (Bacillary)	0	0	0	0	12	0	2	0
Epidemic Encephalitis	1	0	4	2	4	3	4	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	40	75	64	104	92	83	93	49
Influenza	4	4	4	5	8	14	2	0
Leprosy	1	0	3	0	0	0	0	0
Malaria	1	1	1	1	4	8	2	5
Measles	49	54	43	35	348	238	194	119
Mumps	14	28	9	14	10	10	9	2
Pneumonia (Lobar)	28	22	18	27	25	96	27	17
Poliomyelitis	3	2	0	1	5	1	6	1
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	69	48	49	40	94	70	62	40
Smallpox	80	85	63	63	41	34	36	21
Syphilis	62	135	82	157	129	103	168	42
Tuberculosis	240	116	199	160	146	120	219	75
Typhoid Fever	39	35	22	26	24	23	30	14
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	66	59	78	55	106	78	69	44
	967	881	833	872	1235	1054	1060	517

CALIFORNIA STATE PRINTING OFFICE

4 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 28 AUGUST 23, 1924 GUY P. JONES EDITOR

HOW TO TAKE NOSE AND THROAT SWABS.

By EDWARD F. GLASER, M.D., San Francisco, Member, California State Board of Health.

The importance of absolute exactness in diphtheria diagnosis made possible by correct report of cultures from the throat and nose, makes obvious the necessity of a proper technique in taking swabbings for cultural tests for diphtheria. Even so simple a procedure is often inadequately or carelessly done with a resulting report which may mislead. Laboratory technicians sometimes wonder if poor swabbings are not sent intentionally to obtain negative findings. For release, it has been deemed safer to have the swab taken by the health officer or his assistant.

The official direction for taking cultures, requires that an antiseptic "should not be used within two hours prior to taking the specimen as it may interfere with the subsequent development of the culture." The operator should not work in the dark, but have a good view of the field, that is, good illumination, and in the throat must use a tongue depressor and keep tongue well out of the way so to avoid just swabbing the back of the tongue or of wiping off and therefore, losing or of contaminating the tonsillar smear on the rough surface of the tongue. The mouth contamination will often overgrow the diphtheria culture.

The swab is to be rubbed firmly over suspicious places. If there is no exudate rub swab thoroughly against the tonsils and pharynx. Especially for "carriers" and "contacts" should the tonsillar crypts be pressed out, for in these and in the vault of the naso-pharynx are generally found the baccilli, which therefore, are not caught by the surface swabbing.

If membrane exists, an effort should be made to gently raise up one edge and insert swab underneath. The exposed surface of the membrane may consist only of necrotic tissue and debris which would give negative result.

In the nose it is useless to only wipe out the anterior nares with a swab. It should be gently inserted and pushed back and not stopped by the turbinates, but on into the naso-pharynx and then raised into the vault, the home of the adenoid tissue, and where the bacilli are only too often "carried." Here the swab should be firmly twisted around and withdrawn without wiping it off or contaminating it by striking the sides of the nares.

The importance of doing both throat and nose swabs is shown by the larger number of positives where adequate swabbing of both has been accomplished. The tubes for swabs are accompanied by specific directions as to the handling, marking and forwarding of the specimens, which the doctor should not consider himself too busy to read and to follow.

It is characteristic of Science and Progress that they continually open new fields to our vision.—Pasteur.

Digitized by Google

Use of Tuberculin Test In Certified Dairies.

The Milk Commission of the San Francisco County Medical Society has been active since 1907, carrying on its work persistently and thoroughly. It is encouraging to the commission to note the extensive growth in the use of certified milk in candy stores and other refreshment places where children are served. One cafeteria and eight hospitals in San Francisco and the Stanford Convalescent Home at Palo Alto are now providing certified milk for children in their institutions. A bulletin, just issued by the commission, is reproduced here, because of the information concerning the use of the tuberculin test in certified dairies. It reads, in part, as follows:

"The Milk Commission of the San Francisco County Medical Society has guaranteed to the physicians of San Francisco and environs, reaching from Sacramento to San Jose, a supply of milk of the highest possible grade.

In addition to requiring a bacterial content in raw milk below 10,000 per cubic centimeter, the absence of tuberculosis from the dairy herd is secured by the most rigorous testing. To appreciate this standard, one must understand that tuberculosis is far more prevalent among dairy cattle than among human beings, and that in infancy and childhood the menace from bovine tuberculosis is considerable.

The Milk Commission requires that no cows be bought for the certified herds except under the test, and in addition, the whole group from which the cows come must be subjected to the tuberculin test and show only 10 per cent of reactors. This standard, known as the 10 per cent rule, was adopted by your Commission in 1911 and has been adhered to ever since. In addition, we urge our producers to raise the heifers born on the premises, thus securing animals never exposed to tuberculosis.

The whole herd, dry and milk cows and young stock, is given the tuberculin test semi-annually and any reactors excluded at once. Only by this constant repetition of the safeguard of the semi-annual tuberculin test, can the standard be maintained.

All additions to the herd are submitted to the subcutaneous test, which requires preliminary temperature record and then the temperature for eighteen hours after the tuberculin is injected.

The semi-annual test is given alternating the intradermal and subcutaneous methods. The former gives a skin reaction at the site of inoculation and is considered by our producers to be more delicate than the subcutaneous method in detecting reactors.

The price of certified milk is 25 cents a quart. The technic for cleanliness and a healthy herd is expensive to keep up.

Your Commission is writing these folders to be sure that you understand the standards it is seeking to maintain and that you will continue to use this product in infant feeding and the dietary of delicate adults.

MILK COMMISSION,
San Francisco County Medical Society."

Laboratory Issues Bulletin To Workers.

Dr. W. H. Kellogg, Director of the State Hygienic Laboratory, has begun the publication of a mimeographed bulletin which will be issued at irregular intervals to laboratory workers throughout the state. In the first issue, recently mailed out, Dr. Kellogg outlines the purpose of the publication. He says:

"It is too often the case that individuals engaged in laboratory work pursue the even and sometimes monotonous tenor of their way oblivious in varying degree to the happenings in the clinical laboratory world. They are almost certain to be out of touch with their fellows in other laboratories in their immediate vicinity, perhaps only across the hall from them. Each has his own preferred method for doing things, the method that sometimes has its preference based on no better reason than that it is the one that was acquired from some former instructor or associate. Sometimes the worker is convinced in his own mind that his pet method is the result of much experience and has stood the test of time; but of what avail is a series of one thousand or five thousand or one hundred thousand Wassermann tests if one method alone has been used in the entire series? Contact with others will help us to better evaluate our own methods and will also help us to realize that

Digitized by Google

there are others in our field as competent as ourselves.

This publication will, it is hoped, serve as a medium for the distribution of information of interest to the California laboratories, private, hospital and municipal, and thus serve as a connecting link between them. Correspondence, contributions and criticism are invited."

"We feel that it is a proper function of the Hygienic Laboratory to correlate as much as possible the field of clinical laboratory activities in California and particularly wherever a bearing on the public health is evident. It should carry out certain lines of investigation that are not possible in most laboratories on account of press of routine work or lack of facilities and share any information thus obtained with all."

"The Hygienic Laboratory stands ready to aid in the solution of individual problems of other laboratories. Many ways in which this can be done will immediately suggest themselves; for example, a Wassermann method can be checked against the Kolmer method carried out according to the standards of the author to the minutest detail. We will also gladly titrate such reagents as amboceptor, antigen and the agglutinating sera with full assurance of accuracy."

The fate of a nation has often depended on the good or bad digestion of a prime minister.—Voltaire.

Surgeon General Issues Smallpox Warning.

Surgeon General Cumming of the United States Public Health Service has issued a warning concerning the increased prevalence of smallpox throughout the United States. He says:

"The neglect of vaccination in many districts of certain sections of the United States has led to a recrudescense of smallpox with the corresponding suffering experienced by its victims and a wholly unnecessary sacrifice of human lives in the years 1922 and 1923, amounting to 967 known deaths from smallpox, and possibly a number of others which were not reported.

During the first six months of 1924 an additional toll of at least 200 human lives has been taken, every one of which deaths could have been prevented by vaccination and revaccination.

The increasing number of cases of smallpox, the continued spread of this disease from city to city, and from state to state, will, if not checked, not only augment the number of victims, but may bring about a condition which will seriously interfere with the movements of passengers on trains, steamers, automobiles, and other carriers. It is conceivable that this interference might be of a degree that would involve the expenditure of hundreds of thousands of dollars in quarantine, a contingency which might easily be avoided provided our people can be induced to protect themselves by vaccination and revaccination.

The Public Health Service is being importuned at the present time to exercise its authority in enforcing interstate quarantine to prevent the migration of the unvaccinated when there is danger that these may have been exposed to smallpox.

It is particularly desirable that the Federal Government may not be forced to interfere in interstate travel, and it is earnestly hoped that the authorities of all states, counties, municipalities, or other units of government will immediately begin campaigns to secure the vaccination or revaccination of all persons who have not been recently successfully vaccinated, particularly in those states where smallpox is prevalent.

Vaccination and revaccination being a perfect protection against smallpox, it might be argued that protection against the disease is a matter which should be left to the discretion of the individual, but there is no more reason for leaving the defense against an enemy of the state, such as smallpox is, to the discretion of the individual, than there would be in leaving the defense of the state against an armed invading force, to the individual. These enemies are equally dangerous. Furthermore, there are a large number of persons who are otherwise good citizens, who, because of indifference, carelessness, and lack of information, and oftentimes because of having been deceived by false propaganda and deliberate misinformation either fail or refuse to protect themselves and their trusting but helpless children until it is too late. These same children of misinformed or irresponsible parents, being too young to judge for themselves, are entitled to the protection of the state, and certainly the state is derelict in its duties if it allows such unprotected children to be exposed to smallpox."

God could not be everywhere, therefore He made mothers.—Jewish proverb.

Digitized by Google

MORBIDITY.*

Diphtheria.

99 cases of diphtheria have been reported, as follows: San Francisco15, Los Angeles 20, Los Angeles County 10, Berkeley 6, Oakland 7, Santa Clara County 3, Williams 1, Alameda County 1, San Joaquin County 1, Woodland 1, Humboldt County 1, Long Beach 2, San Diego 2, Sacramento 4, Modesto 1, Merced 1, San Jose 4, LaVerne 1, Redondo 2, Fresno County 4, Burbank 1, Hawthorne 2, Salinas 1, Richmond 1, Kern County 1, El Segundo 2, Fillmore 3, Santa Barbara County 1.

Measles.

22 cases of measles have been reported, as follows: Los Angeles County 5, San Francisco 5, Los Angeles 3, Oakland 1, Long Beach 1, Burbank 1, Huntington Park 1, Colton 1, Watsonville 1, Eureka 1, Pasadena 1, Benicia 1.

Scarlet Fever.

26 cases of scarlet fever have been reported, as follows: Los Angeles 5, San Francisco 4, Long Beach 2, Kern County 1, San Diego 1, Tulare County 1, Monrovia 1, Bakersfield 1, San Jose 2, Hanford 1, Colusa County 1, Orange County 1, Nevada County 1, San Bernardino County 1, Humboldt County 1, Sacramento 1, Kingsburg 1.

Smallpox.

43 cases of smallpox have been reported, as follows: Los Angeles 18, Los Angeles County 6, Kern County 5, Burbank 4, Livermore 1, Orange County 1, Long Beach 2, Fresno County 1, Oakland 1, San Diego 1, Redondo 1, Alhambra 2.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: Tracy 1, Alameda 1, Riverside County 1, Visalia 1, California 3.

Whooping Cough.

65 cases of whooping cough have been reported, as follows: Los Angeles 15, Los Angeles County 14, Fullerton 7, San Francisco 4, Alameda 1, Long Beach 4, San Diego 1, Redondo 2, Glendora 1, Berkeley 1, Palo Alto 2, Riverside 4, Eureka 1, Monterey County 2, Alameda County 1, San Luis Obispo County 2, Anaheim 3.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, as follows: San Francisco 2, Imperial County 1.

Poliomyelitis.

1 case of poliomyelitis has been reported from Eureka.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, one from Alhambra and one from Long Beach.

Typhus Fever.

One case of typhus fever has been reported from Los Angeles.

*From reports received on August 18 and 19 for week ending August 16.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Aug. 16 received by Aug. 19	Week ending			Reports for week ending Aug. 18 received by Aug. 21
	July 26	Aug. 2	Aug. 9		July 28	Aug. 4	Aug. 11	
Anthrax	0	0	0	0	1	0	0	1
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	2	1	3	0	1	5	1
Chickenpox	45	55	44	41	43	37	34	13
Diphtheria	166	137	153	99	129	99	112	100
Dysentery (Bacillary)	0	0	0	11	0	2	2	0
Epidemic Encephalitis	0	4	2	2	3	4	2	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	75	64	108	268	83	93	127	73
Influenza	4	4	6	5	14	2	2	4
Leprosy	0	3	0	0	0	0	0	0
Malaria	1	1	1	0	8	2	5	5
Measles	54	43	35	22	238	194	177	158
Mumps	28	9	15	8	10	9	2	14
Pneumonia	22	18	29	17	96	27	41	23
Poliomyelitis	2	0	1	1	1	6	2	4
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	48	49	50	26	70	62	61	38
Smallpox	85	63	68	43	34	36	33	16
Syphilis	135	82	160	254	103	168	140	71
Tuberculosis	116	199	167	149	120	219	108	138
Typhoid Fever	35	22	27	7	23	30	23	41
Typhus Fever	0	0	0	1	1	0	2	0
Whooping Cough	59	78	55	65	78	69	69	47
Totals	881	833	922	1022	1055	1060	947	738

CALIFORNIA STATE PRINTING OFFICE

O

33113 8-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 29 AUGUST 30, 1924 GUY P. JONES EDITOR

DIPHTHERIA AND DIPHTHERIA CARRIERS.

By GAVIN J. TELFER, M.D., State District Health Officer, Los Angeles.

From a public health standpoint the control of diphtheria carriers, the mild cases (those that have partial immunity and develop slight transient sore throat and a few constitutional symptoms and who become carriers) and missed cases (missed by both physician and the health officer) present the great problem in the reduction of diphtheria case incidence and the mortality rates. These are the three factors that make diphtheria endemic in every community. In a well organized community the toxic cases of diphtheria receive medical attention. The health department is notified, the case is quarantined and the contacts are isolated. The case is seen early; antitoxin is administered by the physician and the probability of fatal termination of the case is nil. The family contacts are swabbed and cultured and they are given temporary immunization by antitoxin, if necessary. Contact with the case from now on is limited to one attendant, preferably trained. Concurrent disinfection is carried out, so that the infectious material from the nose and throat is destroyed before being transferred to other individuals. The case recovers, two negative swabs are obtained after the tenth day of onset of the clinical symptoms and the case is released. Presumably this ends this particular focus. This would be so except that the successive negative swabs of both nose and throat do not necessarily mean that the person does not still carry virulent bacilli of diphtheria hidden away in the crypts of the tonsils or in the nasal pharynx and the sinuses. The regulations of the state law have been carried out and if we were able to obtain cultures from the remote recesses of the naso-pharynx after a period of six months, we would find that many of our recovered cases still harbor virulent diphtheria organisms. Then we have three factors that are making diphtheria an undiminishing public health problem: the recovered legally-released cases, the missed cases and the carriers.

In a well organized community (and there are few of these from a public health standpoint) diphtheria may run a mild course, where the *bacillus diphtheriae* is of lowered virulence, or a particular group may have (to a small extent) some slight immunity. These mild cases are the missed cases—missed by the physician and the health officer. These missed cases are the ones that, uncontrolled, cause an abundance of contacts. A child may be moderately ill with sore throat over a week end during the holidays; there is no record of absence from school: the child returns to school carrying the infection of diphtheria and by close contact may infect a large proportion of his class and possibly the school. I have investigated such an incident where 50 per cent of the children of this child's schoolroom were shown bacteriologically to be positive for diphtheria, even including the teacher in a primary class, with five deaths resulting. The infected school child becomes the

Digitized by Google

carrier of diphtheria to the family. The other school children in the family become the source of infection for their school classes. The same applies to other communicable diseases, especially measles, also whooping cough and scarlet fever. The missed cases occur in greatest numbers in unorganized territory. In such territory not only a typical, but the toxic, cases are missed. In rural communities practically every family may have a chance to have brought home the virulent organisms of diphtheria, so the usual methods of the health department organization with enforcement of the state regulations are only partially effective. The positive reduction and absolute control of diphtheria depends on the production of universal immunity.

The third factor, and the largest, is the individual who has sufficient antitoxic and bactericidal bodies in his blood to protect himself from any toxic symptoms of diphtheria, but who is an incubator and disseminator of diphtheria—the carrier. These carriers become such by close contact with cases and other carriers. The diphtheria carrier is always with us. In the absence of toxic cases the finding of what are morphologically diphtheria bacilli in the throats of individuals is of little importance. The universal one per cent or more of carriers which occurs north or south of the tropics is of small importance in the control of diphtheria. We may have three or four per cent of the population of a community in this class of carriers. If there are no cases and no history of contact of known virulent organism, these cases are probably non-virulent. Even adult carriers of a known virulent diphtheria organism, who are limited in their contact to other adults and in no way become contact with children, are of little importance in diphtheria control. In one locality at one time we found about 5 per cent of the male oil field workers, who lived in their own boarding house, were carriers. Practically nothing was accomplished in excluding these from operation in the open oil fields. Adult carriers, except food handlers, especially milk handlers, and school teachers and those of like occupation where contact with children is probable are of little importance in diphtheria control.

The school-child carrier of diphtheria is the principal factor in the spread of this disease. The problem of handling and control of these carriers is the most difficult problem that the health department has to deal with and is becoming more so. There is increased opposition to examination of school children fo the determination of carriers. Aft the carrier is found there is increase opposition to restriction of this we child with resultant loss of school attend ance. If cases of diphtheria are occu ring in a school, particularly in or grade or room, then it is a proper pr cedure to locate the source of infectio and it is necessary to swab the contact A few of the contacts may object unde the state law which provides for "co scientious objectors." Then, if it reasonably established that a child is contact and there is a probability of h being infective, the child may be quaran tined. The other opposition to control from the families in which the child ha been found to be a carrier and who co tinues to retain positive diphtheri organisms in his nose or throat or bot and is, therefore, retained in quarantin or isolation for a long period.

There are two solutions for this problen One is by medical and surgical treatmer for the purpose of clearing this conditio in the child. Medical treatment is un satisfactory and the methods tried seer of little avail. Normal salt solution a the temperature of the body, used as a irrigation mechanically removing th infective material and inducing th mucous membrane to return to norma seems the most effective. These case mostly require surgical attention. Th removal of tonsils with their deeply in fected crypts and the adenoids is usuall effective. The other solution of thi problem is to limit the time in which carrier may be held in restriction. I after a period of six weeks, two consecu tive negative swabs are not obtained, the an appeal may be made to the secretar of the State Board of Health, preferabl through the recommendation of th attending physician and the health office and the case is released on executiv order.

Another phase of the subject shoul be considered and this is especially im portant where the carrier is one who ha not been in known contact with a diph theria case. Tests for virulence shoul be made by injection of culture intra cutaneously into a guinea pig.

Diphtheria is not showing a decreas in morbidity in the last few years. Ou present methods of control by enforce ment of the regulations are of som value in keeping the morbidity fron increasing. The enlightenment o parents in the value of early administra tion of antitoxin will help reduce th mortality. Among the physicians there is need of enlightenment in the treat ment of diphtheria. Too often th

Digitized by Google

attending physician, especially in rural communities, loses too much time in waiting for laboratory diagnosis. The antitoxin should be given on clinical diagnosis and confirmed later, if possible, by laboratory findings. We are also getting, it seems, complicated cases of diphtheria where the damage is done probably more by other organisms, especially streptococci. Treatment of such complicated cases will have to be modified. With all these things done we shall still have at least a high incidence in diphtheria morbidity even if we lessen the mortality, unless we resort to permanent immunization in wide-spread areas. This is especially applicable to institutions and to rural communities which can not have control and do not receive medical attention. The value of complete immunity in an institution was lately shown to be by Doctor Coulter in a case of smallpox occurring in the South Pasadena Orphanage. All the institution was immunized against smallpox. A case was brought into the Orphanage and there was considerable contact. There was absolutely no danger of the disease spreading. If diphtheria were brought in, such a condition would be the same, if the institution is immunized by the toxin-antitoxin method for diphtheria.

Don't Kill a Dog Suspected of Rabies.

Several rabid dogs have been found in San Joaquin County and Dr. J. J. Sippy, health officer, has contributed a picturesque appeal to the residents of his district, urging them not to kill an animal suspected of being rabid. In this appeal, Dr. Sippv also effectively disposes of the "dog days" myth with relation to the prevalence of rabies. He says:

"If you happen to step on Towser's toes, or pull Fido's ears when he wants to sleep, don't be surprised if they retaliate by snapping at you. If they do, just remember it is the only way they have of defending themselves from your annoyances, and it does not necessarily mean they have 'gone mad.' Perhaps their fleas have been unusually 'pestiferous,' or they have been keeping late hours and haven't caught up on lost sleep. Perhaps Mrs. Towser has been nagging because she's misplaced a bone which she needed for lunch. At any rate, nine times out of ten they are simply temperamental and not affiicted with that dread disease, hydrophobia.

Above all things, don't rush for a gun and shoot them, for if it should happen that they are rabid you have destroyed the best way of making certain of it. Of course, you may send the brain into the laboratory, and by careful examination the laboratory may be able to give you a definite diagnosis.

On the other hand, if the dog does have rabies, he will most certainly die in four or five days, following a chain of very definite signs and symptoms. By tying or penning him up you can watch him and satisfy yourself as to what ails him far better than any laboratory can do it for you. So do this, instead of getting excited and killing him.

ORIGIN OF 'DOG DAYS.'

These are what many people call 'dog days.' Many people associate this period with danger from rabies, and city councils or other city officials are inclined to wake up from their lethargy with regard to the disease, and pass ordinances or revive regulations concerning muzzling and other restrictions of dogs. This is all the more amusing because the term 'dog days' has no reference to dogs, but is borrowed from the Romans, who called Sirius, the brightest of fixed stars, the Dog Star. At one time during the Roman epoch the rising of this star coincided with the rising of the sun in the latter part of July. The twenty days preceding and twentv days following this conjunction were for the Romans 'dies canis,' the days of the dog or Dog Star. Rome had its fiercest heats usually during this period; therefore, the time was dreaded, and came to have the reputation of an unhealthy season, though not with any special reference to the dogs of Rome.

RABIES MORE FREQUENT DURING WINTER.

In our day the meaning of 'dog days' is that dogs are especially likely to go mad at this time. The consequence is that we give great attention to and become hysterical about dog bites at this time of year, and utterly forget precautions at other seasons. Rabies may occur at any season of the year; actual satistics show greater frequence of the disease during the winter than during the summer months. It is more common in the early spring, and March and April would be a much better time to select for 'dog days' in the popular sense than the weeks of July and August that have by misapprehension come to be looked on as a special period of danger.

Keep this in mind: If Towser does bite, tie him or pen him up, but don't

Digitized by Google

kill him. Also notify the local health district office, and members of its staff will keep him under observation until it can be positively determined that rabies is actually present. This course will materially add to peace of mind and still give plenty of time to institute preventive treatment if the disease should be present."

MORBIDITY.*

Diphtheria.

96 cases of diphtheria have been reported, as follows: San Francisco 18, Los Angeles 17, Long Beach 5, Oakland 6, Fresno 6, Stanislaus County 5, Los Angeles County 10, Sonoma County 1, Alameda 2, Berkeley 4, Monterey County 1, Riverside 1, Tulare County 1, Napa 1, Merced 1, Santa Cruz 1, Bakersfield 1, Los Gatos 1, Madera 1, Burbank 1, Santa Cruz County 3, Stockton 1, LaVerne 2, Whittier 1, Santa Clara County 1, Sacramento 3, Santa Paula 1.

Measles.

23 cases of measles have been reported, as follows: Los Angeles 6, Los Angeles County 7, San Francisco 3, Hawthorne 1, Monrovia 1, Redding 2, Dinuba 1, Berkeley 1, Sonoma County 1.

Scarlet Fever.

30 cases of scarlet fever have been reported, as follows: Los Angeles 5, Los Angeles County 2, Stockton 1, Sacramento County 2, Sacramento 1, Bakersfield 1, Ceres 1, Monterey County 1, Orange County 3, San Francisco 4, Modoc County 4, Pasadena 1, Fresno 1, Tracy 1, Santa Clara County 1, Needles 1.

Smallpox.

37 cases of smallpox have been reported, as follows: Los Angeles 15, Los Angeles Coun 5, Oakland 2, San Francisco 1, Sacramento Long Beach 1, Fresno 2, Santa Clara Coun 2, Alhambra 1, Tulare County 1, Bakersfie 2, Modoc County 1, Anaheim 1.

Typhoid Fever.

20 cases of typhoid fever have been reporte as follows: Santa Clara County 1, Lindsay Benicia 1, Compton 1, San Mateo 1, L Angeles 4, Pasadena 1, Visalia 1, Riverside Santa Cruz 1, Chico 1, San Francisco Fresno County 1, Anaheim 1.

Whooping Cough.

39 cases of whooping cough have been ported, as follows: Los Angeles 13, S Francisco 6, Los Angeles County 4, Segundo 2, Alhambra 1, Eureka 1, Fullerton Riverside 3, Alameda 3, Anaheim 3.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have be reported, as follows: Los Angeles 1, San Paula 1.

Poliomyelitis.

Oakland reported 1 case of poliomyelitis.

Epidemic Encephalitis.

San Francisco reported one case of epiden encephalitis.

Rabies (Human).

Los Angeles reported one case of rabies.

Typhus Fever.

Los Angeles reported one case of typh fever.

*From reports received on August 25 and for week ending August 23.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Aug. 23 received by Aug. 26	Week ending			Repor for we endin Aug. receiv by Aug.
	Aug. 2	Aug. 9	Aug. 16		Aug. 4	Aug. 11	Aug. 18	
Anthrax	0	0	0	0	0	0	1	
Botulism	0	0	0	0	0	0	0	
Cerebrospinal Meningitis	2	1	3	2	1	5	3	
Chickenpox	55	44	41	21	37	34	13	1
Diphtheria	137	153	104	96	99	112	116	11
Dysentery (Bacillary)	0	0	11	1	2	2	17	
Epidemic Encephalitis	4	2	2	1	4	2	1	
Epidemic Jaundice	0	0	0	0	0	0	0	
Gonorrhoea	64	108	270	93	93	127	77	5
Influenza	4	6	5	2	2	2	4	
Leprosy	1	0	0	0	0	0	0	
Malaria	1	1	0	2	2	5	8	
Measles	43	35	23	23	194	177	170	1
Mumps	9	15	10	23	9	2	5	
Pneumonia	18	29	19	11	27	41	82	
Poliomyelitis	0	1	1	1	6	2	5	
Rabies (human)	0	0	0	1	0	0	0	
Scarlet Fever	49	50	33	30	62	61	43	
Smallpox	63	68	53	37	36	33	17	
Syphilis	82	160	255	71	168	140	73	
Tuberculosis	199	167	156	117	219	108	162	1
Typhoid Fever	22	27	8	20	30	23	47	
Typhus Fever	0	0	1	1	0	2	0	
Whooping Cough	78	55	67	39	69	69	86	
Totals	831	922	1062	592	1060	947	970	7

CALIFORNIA STATE PRINTING OFFICE

3500

O

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 30 SEPTEMBER 6, 1924 GUY P. JONES EDITOR

SAVING EYESIGHT.

By EDWARD F. GLASER, M.D., San Francisco, Member, California State Board of Health.

Because it is noticed that so many people, adult and children now wear glasses, the fallacy has arisen that the human eye is deteriorating and one unscientific man has ventured the rash idea, that perhaps in a few hundred years the human race may become blind. This is far from the truth. Just as the average human life has lengthened and longevity, especially in California has increased, due to the promotion of the individual and the general public health, so the eyes better cared for and safeguarded have become more efficient organs of vision, and less blindness and fewer useless eyes are now to be found than ever before. The last census showed a decrease in the number of blind in the United States and the schools for the blind are showing each year fewer eligible blind pupils. This has been brought about by the great amount of preventive and educational work carried on by doctors, social agencies, prevention of blindness societies, public health workers and by the better understanding in the care and hygiene of the eyes. And by care and hygiene of the eyes is not meant only the wearing of glasses, but rather the proper care and the proper use of the eyes in order to keep them strong and well, and the proper and immediate diagnosis and cure of any of many diseases that may afflict the eyes or be reflected to them from other organs of the body or from constitutional disturbances.

Too many people seem to think that the wearing of glasses (and too often it is any old pair of glasses bought in any old store) is going to keep their eyes well, not realizing the neglect they are giving to the acute, pathological condition present. So be sure that your eyes or your children's eyes are properly examined by a doctor trained and capable of recognizing and diagnosing the actual conditions and who possesses the knowledge and training necessary in applying the proper remedies, whether medical, surgical or the wearing of glasses. The public should be taught that eye strain is a medical problem, and that no one without definite medical education should be trusted with the differentiation between healthy and diseased eyes.

It is now well known that the eyes are healthy only so long as the body is healthy and that ill health is always deleterious to the organs of sight. For instance, one can not ever emphasize the particular evil of bad health in childhood upon the eyes and in particular to warn against their over-use during the diseases of childhood or convalescence. During attacks of measles and other contagious fevers of childhood, the eyes should be protected from bright light and from close work and the eyes and lids kept carefully cleansed free from conjunctival secretions, preferably by use of boric acid solution. Also the

Digitized by Google

acute stages of the diseases should be followed by long periods during which the eyes are used but little at close work, for if this precaution is not followed, near-sightedness and astigmatism will likely develop in consequence of the congestion and softening of the ocular tissues. These temporarily physically subnormal children should be kept away from much book or close work and encouraged to spend many hours daily in the open air to tone up the bodily vigor and to rest the eyes. Reading and studying in the morning before breakfast or at least before nourishment of some kind, should be discouraged not only with weak but also well children. The books and magazines read in early life should have large lettering and striking pictures and all playthings and games should be prohibited which have small figures or dazzling combinations of form or color. Children should be taught from earliest age never to gaze long upon any near objects brightly illuminated by the direct rays of the sun. Babies riding in baby carriages and generally lying flat on their backs, should have their faces shielded from the full glare of the sun. All such baby carriages should be provided with tops and lined preferably with some green material. It is a bad habit to have a ball or bright object dangling in front of the babies' eyes as in fixing it the infants' eyes turn in and tend to produce cross eyes.

Children should be protected from all toys and articles with sharp edges or points which can possibly injure the eyes, and if allowed to carry a knife, fork or scissors, they should be taught to always have the point away from them.

Many people's sight is in danger from poor lighting that could be remedied. The ideal illumination for the reader is light coming from behind, preferably over the left shoulder, and striking without shadows directly upon the page, with direct light at no time hitting the eyes which should never be in a constant glare. The best artificial lighting system is that nearest to ordinary daylight. The light should be evenly distributed throughout the room. The method of indirect lighting by which the light is thrown to the ceiling and reflected throughout the room is one of the best. Whatever method of lighting is used, whether in the home, office, factory or school, we should see that our eyes are under as little strain as possible. There may not be enough light and the eyes, therefore, strained in order to see the work. Even the strongest eyes will suffer. Also the light may be good but placed so that there are too many shadows. This is just as bad for the ey as not enough light. Light may be t bright and not properly shaded so th the eyes are in a constant glare. O can not look at the sun without causi eye exhaustion. Glaring electric ligh are likely to hurt the eyes in the sar way. Bright lights should be efficient shaded.

Perhaps the most important preventi of blindness work, and one that h been the greatest factor in reducing t number of the blind is that done by t obstetrician or the doctor at the tir of the baby's birth, and that is the use the babies' eyes of prophylactic drops prevent babies' sore eyes or the ophtha mia of the new born. In California t law compels the State Board of Heal to distribute free for the use of docto and hospitals the prophylactic. It is 1 per cent solution of nitrate of silver a small wax ampule containing ju sufficient dosage for each child. I almost universal use is shown by the fa that about 40,000 of these ampules we distributed in California during the pa fiscal year. It should be a crimin offense for any doctor to neglect to us or any parent forbid the use of this pr phylactic, by means of which the blin ness caused by babies' sore eyes ophthalmia of the new born has been r duced from about 25 per cent of all blin ness to almost no new cases of blindne from this cause in California.

California is also fortunate in havin a law prohibiting the use of the con mon or roller towel. And this relic former unsanitary and unhealthy da is now almost extinct, although one still occasionally found in some publ place, which should be at once reporte to the health officer. A paper tow should be used by one person and the immediately thrown away, and all pate devices for supplying towels should b carefully watched to see that they do n fail of their sanitary purpose. Th common towel is not only an offens against common decency, but it is we known that communicable diseases of a kinds can this way be transmitted an this is especially true of skin and ey diseases. In the day of the common r roller towel, a contagious eye diseas has been known to spread rapidl through a camp, a school or factory.

Health is the greatest of all possessions— whole cobbler is a better man that a sick kin —Bickerstaff.

When a man assumes a public trust, h should consider himself as public property.- Thomas Jefferson.

Digitized by Google

Smallpox and Vaccination.

Smallpox is more prevalent throughout the whole United States than it has been for many years. Most cases are of a mild type, but in some of the outbreaks reported, many severe and fatal cases have occurred. California has shared in this increase. Since the first of the present year nearly 8,000 cases of the disease have been reported in this state. Nineteen of these cases resulted in death. At least three cases of blindness, caused by the disease, have been reported in California this year.

Public health authorities state positively, that vaccination would have prevented the occurrence of most if not all of these 8,000 cases. They state, also, that the appearance of this large number of cases indicates clearly that a large proportion of the population has not been successfully vaccinated. They have no desire to create a scare nor do they wish to cause any unnecessary alarm. They believe, however, that it is their duty to advise the public of the unusual prevalence of the disease and give the best and only way that the disease may be prevented. The subject is of importance to Californians and to residents of other states as well for the increased prevalence of smallpox has been reported in nearly every state.

Out of 7378 cases reported in California during the first six months of the present year, 7065 cases were in persons who had never been vaccinated successfully; 243 cases were in persons who had not been vaccinated successfully within seven years preceding their illness and 39 cases were in persons who had been vaccinated within the past seven years. Vaccination histories for the remaining 31 cases could not be obtained.

Modern methods of vaccination against smallpox are greatly improved over methods used many years ago. There has been as great progress made in vaccination as in other developments of preventive medicine. Fear of vaccination is absolutely unfounded. Performed properly, in a cleanly manner, vaccination is a certain and safe procedure. The tiny wound must be kept clean and must be protected against contamination. The only possible danger lies in failure to apply clean dressings and to prevent contamination. This does not occur, however, among persons of clean habits.

Vaccination is insurance against smallpox and it constitutes good business to carry this form of insurance. This talk is to enlighten and not to frighten. If you would avoid smallpox, be vaccinated.

Health Officers to Meet at Monterey.

The sixteenth annual conference of California Health Officers, organized under the Health Officers' Section of the League of California Municipalities, will be held in Monterey October 6 to 10, 1924. A program which deals with important health problems is now in course of preparation. As soon as completed, the program will be published in the Weekly Bulletin. Health officers and public health nurses, as well as others who may be engaged in public health activities, are urged to attend the conference.

The Health Officers' Section of the League of California Municipalities was organized at Santa Cruz, September 21, 1909. The Health Officers' Section has met regularly every year since that time. In 1918, the meeting of the League of California Municipalities was called off, because of the influenza pandemic. The Health Officers' Section met, however, and discussed measures for the control of influenza. Following is a list of the places in which the Health Officers' Section of the League has met:

First—Santa Cruz, 1909.
Second—San Diego, 1910.
Third—----------, 1911.
Fourth—Berkeley, 1912.
Fifth—Venice, 1913.
Sixth—Monterey, 1914.
Seventh—Oakland, 1915.
Eighth—Visalia, 1916.
Ninth—Santa Rosa, 1917.
Tenth—Riverside, 1918.
Eleventh—Riverside, 1919.
Twelfth—Chico, 1920.
Thirteenth—Ocean Park, Santa Monica, 1921.
Fourteenth—Palo Alto, Stanford University, 1922.
Fifteenth—Coronado, 1923.
Sixteenth—Monterey, 1924.

The first health is wealth.—Emerson.

Advance in civilization is not due so much to happy accident as it is to research and to constructive imagination. It takes less imagination to see the value of chemistry and physics than it does to see the value of literature and philosophy. Benefactors are willing to encourage the teaching of natural sciences who see no value in the teaching of the humanities. The results of the teaching of the natural sciences are direct and apparent. The results of the teaching of the humanities are indirect and intangible. Progress in the nineteenth century was largely dependent upon the study of nature. Progress in the twentieth century will probably depend largely upon the study of man.—Walter Dill Scott, President, Northwestern University.

Digitized by Google

MORBIDITY.*

Diphtheria.

131 cases of diphtheria have been reported, as follows: Los Angeles 28, Berkeley 7, San Francisco 15, Los Angeles County 10, Sacramento 5, Long Beach 7, Oakland 21, Santa Clara County 2, Orange County 2, Stanislaus County 1, Merced County 1, Monterey County 1, Manhattan Beach 1, Tulare County 1, Sacramento County 2, Redondo Beach 1, El Segundo 1, Alhambra 1, Pasadena 1, Fresno County 1, Hawthorne 4, Fillmore 2, Modesto 1, Merced 2, San Bernardino 1, Alameda 1, San Diego County 1, Corona 3, Long Beach 4, San Bruno 1, San Leandro 1, Del Norte County 1.

Measles.

14 cases of measles have been reported, as follows: Los Angeles 3, Long Beach 2, Los Angeles County 1, San Joaquin County 2, Fullerton 1, Sierra Madre 1, Corona, 3, San Francisco 1, Merced County 1.

Scarlet Fever.

29 cases of scarlet fever have been reported, as follows: Los Angeles 6, Los Angeles County 5, San Francisco 5, Santa Ana 1, Whittier 3, Berkeley 1, Stockton 2, Sierra Madre 1, Fowler 1, San Diego County 3, San Diego 1.

Smallpox.

44 cases of smallpox have been reported, as follows: Los Angeles 15, Los Angeles County 6, Oakland 6, Santa Clara County 1, Long Beach 4, Fresno County 1, Sacramento 4, Santa Paula 1, Alameda County 1, Redlands 2, San Bernardino County 1, Ventura County 2.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Inyo County 1, Los Angeles 1, Santa Clara County 2, Long Beach 1, Chico 1, Kern County 1, San Diego 1, Benicia 1, Lindsay 1, Tulare County 1.

Whooping Cough.

47 cases of whooping cough have been reported, as follows: Los Angeles 27, Los Angeles County 5, Riverside 9, San Bernardino County 2, Long Beach 2, Palo Alto 2.

Leprosy.

San Francisco reported one case of leprosy.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Venice 1, Long Beach 1, Los Angeles County 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: Los Angeles County 1, San Francisco 1.

*From reports received on September 1 and 2 for week ending August 30.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Aug. 30 received by Sept. 2	Week ending			Reports for week ending Sept. 1 received by Sept. 4
	Aug. 9	Aug. 16	Aug. 23		Aug. 11	Aug. 18	Aug. 25	
Anthrax	0	0	1	1	0	1	0	1
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	3	2	1	5	3	1	0
Chickenpox	44	41	23	22	34	13	21	39
Diphtheria	153	104	108	131	112	116	130	104
Dysentery (Bacillary)	0	11	1	1	2	17	7	2
Epidemic Encephalitis	2	2	2	2	2	1	3	3
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	108	270	97	68	127	77	62	80
Influenza	6	5	2	7	2	4	5	4
Leprosy	0	0	0	1	0	0	0	1
Malaria	1	0	2	0	5	8	3	6
Measles	35	23	50	14	177	170	167	198
Mumps	15	10	23	15	2	5	7	4
Pneumonia	29	19	16	16	41	82	16	21
Poliomyelitis	1	1	1	5	2	5	3	6
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	50	33	36	29	61	43	43	34
Smallpox	68	53	41	44	33	17	17	14
Syphilis	160	255	72	68	140	73	86	64
Tuberculosis	167	156	131	149	108	162	183	104
Typhoid Fever	27	8	32	11	23	47	25	12
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	55	67	44	47	69	86	53	28
Totals	922	1062	684	632	945	930	832	725

CALIFORNIA STATE PRINTING OFFICE

O

33113 9-24 3500

Digitized by Google

MEDICAL

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, Jr., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 31 SEPTEMBER 13, 1924 GUY P. JONES EDITOR

Three More Human Beings Die of Rabies.

During the latter part of April, a child living in Los Angeles was bitten by a stray dog. The animal was chased out of the yard and has not been seen since. The wound was cauterized and no ill effects were noted until July 10th. Pasteur treatment had not been given. On July 11th the child was taken to the hospital. He died in convulsions the following day.

About the middle of May a child was bitten by a stray dog. The child's father, while attempting to protect the child from the animal's attack, was bitten on the hand. No treatment of any kind was received. About the middle of August the father was taken to the hospital while in a delirious condition, supposed to be suffering from pneumonia. He died the following day and laboratory examination showed that he suffered from rabies. The child, bitten at the same time as his father, began the Pasteur treatment as soon as the cause of his father's death was determined. No symptoms of rabies have appeared in the child.

Two children in Los Angeles County were bitten by a stray dog on May 28th. A physician cauterized the wound with carbolic acid, as he had no concentrated nitric acid available. Pasteur treatment was started at once. One of these children received deep wounds on the face. He delevoped symptoms of rabies and died exactly twenty-six days after the attack by the dog. Bites on the face, near nerve centers, make the effectiveness of Pasteur treatment less certain than superficial bites on the extremities. Cauterization with concentrated nitric acid of wounds caused by dog bites is the only cauterizing agent that is of any value in such cases. Pasteur treatment is nearly always effective in the prevention of rabies, but occasionally the disease develops in spite of proper cauterization and prompt administration of the Pasteur treatment when the individual is bitten on areas in close proximity to nerve centers.

These three deaths were all due to infection transmitted by stray dogs. Similar suffering and deaths of children and parents, as well, must be expected in any communities where no provision is made for the control of stray dogs. Vaccination of dogs against rabies is practical and positive in the prevention of the disease. Toleration of stray dogs in any community constitutes an invitation to suffering and death. No human being who has shown the first symptoms of rabies has ever recovered. The Pasteur treatment is preventive only.

It is unfortunate that these tragic deaths occur in California, when their prevention is possible in nearly all cases. Eleven persons in California sacrificed their lives to rabies last year and there

Health Officers' Convention, Del Monte, October 6, 1924.

Digitized by Google

have been five deaths from the disease in this state since January 1, 1924. More deaths from this disease must be expected wherever no measures are taken in the control of the dog population, for rabies has never been more prevalent in the state than during the past year.

Hotel Rates for Health Officers' Convention.

Following are the hotel rates at Del Monte, Monterey and Pacific Grove hotels for the Health Officers' Convention, to be held at Del Monte, October 6, 7 and 8. Reservations should be made without delay.

Hotel Del Monte.

	Per day
Single room with bath	$9 00
Single room without bath	7 50
Double room and bath, 2 persons	17 00
Double room, no bath, 2 persons	14 00
Two single rooms, bath between	9 00
Two double rooms, bath between	8 00
(To accommodate four persons.)	

Hotel Monterey.

Single room with bath	2 50
Single room without bath	1 50
Double room with bath	3 50
Double room without bath	2 50

Hotel Federal.

Single room	1 25
Double room $2 00 to	2 50
(No private baths in the hotel.)	

Hotel Caspar.

Single room	1 50
Double room	2 00
(No private baths in the hotel.)	

Hotel Royal.

Single room $1 50 to	2 00
Double room 1 50 to	2 00
(No private baths in the hotel.)	

Hotel Kimball.

Single room without bath	2 00
Double room without bath	2 50
Double room with bath	4 00
Suite for 4 people, with bath	7 00

Pacific Grove Hotels.

Centrella: $1 to $2.50 per day; meals 50 cents each.

Del Mar: Single, $1.50; with bath, $2.50; double, $2.50–$3.50 per day.

Home Inn: Single, room and board, $15; double, $28 per week.

El Carmello Inn: $10 to $16 per week, European.

It is not life to live but to be well.—Martial.

Why shouldst thou die before thy time?—Ecclesiastes XII;18.

Life is the gift of God and is divine.—Longfellow.

The New Demand for Scientific Health Procedures.

H. G. Wells, in an article published some time ago in an American magazine, ventured the statement that the development of mechanical devices used by man in the advancement of his civilization, particularly those devices that speed transportation and communication, have about reached the climax in their development. He stated, further, that science is now directing its efforts to the advancement of man himself, to the development of his social institutions and mode of living. Since this article was published, books and magazines expounding similar ideas have appeared in great profusion. One writer states that the couplet of Pope,

"Know then thyself! Presume not God to scan,
The proper study of mankind is man,"

has taken on a new significance, that modern science is devoting its energies to making human life more desirable and worth while.

None of these writers state specifically that preventive medicine is one of the big factors in the scientific advancement of mankind, but the inference is unmistakable. As a matter of fact, scientific preventive medicine is far in advance of public support. If the general public were to take advantage of all the attributes of scientific medicine and public health that are available at the present time, the immediate advancement of our civilization would be so astounding as o be beyond the comprehension of the average individual. There are resources now ready for application that will add many years to human life. For the most part, however, they are used in a very limited degree. To be sure, there is a growing demand for the application of scientific procedures in public health and it is undoubtedly only a matter of time before these procedures will come into common everyday use. One of the highest duties of health officials lies in exerting every effort to make these procedures a matter of common knowledge and to gain public confidence in modern scientific methods.

Immunization against diphtheria and scarlet fever is available now, but really few children have been immunized against diphtheria and similar protection against scarlet fever is so new that its general use at the present time can not be expected. When the difficulties connected with immunization against smallpox are considered, it would seem that it is well nigh impossible to convince every man that these communicable dis-

Digitized by Google

eases can be prevented. Public health officials know that smallpox, diphtheria, scarlet fever and typhoid can absolutely be placed under control, and that Pasteur was right when he said, many years ago, that these infectious diseases can be made to disappear. The problem lies in how best to go about the task of convincing the general public of the fact and how to secure its full cooperation in placing these diseases under control. The outlook at the present time is hopeful and the demand for all the attributes that make for public health is increasing day by day. With the general development of the scientific spirit, interest in public health will grow by leaps and bounds. Health officials who are not ready to meet the tremendous demand that is sure to come will fall by the wayside. It would seem that we are entering the most portentous period in the history of the new public health. No health official can afford not to know what is being accomplished along the lines of preventive medicine everywhere; nor can he afford not to be prepared to apply successful preventive methods in his own community.

Advances in Scarlet Fever Control To Be Discussed.

The program for the Health Officers' Section of the League of California Municipalities to be held at Del Monte, October 6-8, 1924, will be ready for publishing in an early issue of the WEEKLY BULLETIN. It may be announced now, however, that the recent advances in the control of scarlet fever will be an important subject upon the program. It is certain that demonstrations of the Dick test for determining immunity to scarlet fever will be performed. Demonstrations of vaccination against smallpox, diphtheria immunization and standard laboratory procedures will also be made.

The Santa Ana typhoid epidemic will form the basis for a full discussion of typhoid fever control. Food poisoning with relation to the paratyphoid group will be the subject of a paper and the control of rabies will be under discussion. The last named subject is important, because of the wide prevalence of rabies in California. Public health nursing will be the subject for a full session of the health officers' section. The relationship and duties of the public health nurse toward the public, the health officer and the physician will be outlined by nurse and health officers who are qualified to handle this important subject.

Public health nurses have been invited to attend all sessions of the conference and a large attendance is expected. All persons who contemplate attending these meetings should reserve their hotel accommdations at once, as facilities for housing the large number of delegates are limited. A list of hotels, together with schedule of rates for the conference, is published in this issue of the BULLETIN.

No Health Examinations in School Obligatory.

The editor of the Orland *Unit* has the following to say regarding the exemption of children from physical examination in the schools:

"Parents may have their children exempted from any physical examination in school if they wish. Exemption cards can be secured, and the children may then be allowed to go through school without any attempt on the part of the school authorities at helping them overcome the physical disabilities that their parents have failed to discover, or to help remedy. It is a great victory for the 'personal independence' forces.

School health supervision has led to the discovery that many thousands of children who have been dubbed dunces have in fact been the victims of poor eyesight or hearing or some nervous disorder that has unfitted them for study, or some infection of the teeth that has been undermining their health. Many children have been found in the incipient stages of some disease that has needed immediate attention, and, as a result of the discovery by the school authorities, have been started on the road to health and normal development.

But all this is vigorously fought and bitterly denounced by some certain classes that seem to prefer to allow their children to suffer any disadvantage, to grow up to a maturity of physical deformity or disease or weakness, and corresponding mental lack of equipment, rather than acknowledge the existence of such conditions. It is seemingly considered a great victory over some mythical 'medical trust' and the principle apparently is treasured as more precious than the lives and happiness of the children.

If a child's mouth hangs open because of adenoids, or he fails in his school work because his eyes hurt him too much to study or he has to stay out of school now and then through disease of the tonsils, it is a violation of the right of an American citizen to suffer in any way they choose, to allow a teacher to advise corrective measures. What if he does grow up to be only 70 per cent of a man—haven't his parents always paid their taxes?"

Digitized by Google

MORBIDITY.*

Diphtheria.

116 cases of diphtheria have been reported, as follows: Los Angeles 22, San Francisco 17, Oakland 21, Los Angeles County 14, Pasadena 5, Santa Rosa 1, Sonoma County 3, Kern County 2, Stanislaus County 2, Newman 1, Loyalton 2, Sacramento 1, Richmond 1, Berkeley 2, Long Beach 3, San Diego 2, Santa Clara County 1, Pacific Grove 1, Oxnard 4, Stockton 1, Hermosa Beach 1, Alhambra 1, Compton 1, Sacramento County 1, South Gate 1, Burbank 1, Alameda 3, San Bernardino 1.

Measles.

16 cases of measles have been reported, as follows: Los Angeles 5, Seal Beach 1, San Francisco 1, Los Angeles County 1, Long Beach 2, Oakland 1, Pasadena 1, Orange County 1, Sacramento 1, Inyo County 2.

Scarlet Fever.

44 cases of scarlet fever have been reported, as follows: Los Angeles 13, Santa Ana 5, Manhattan Beach 1, Kern County 1, South Gate 1, Los Angeles County 2, El Dorado County 1, San Diego 1, Alameda 1, Stockton 4, Sutter County 3, Long Beach 1, San Francisco 2, Watsonville 1, Hanford 2, Fullerton 1, San Diego County 3, Fresno 1.

Smallpox.

55 cases of smallpox have been reported, as follows: Los Angeles County 18, Los Angeles 15, Compton 5, Fresno County 1, Fresno 1, South Gate 1, Long Beach 2, Glendale 1, Colton 1, Elsinore 1, Sacramento 3, San Francisco 1, Alhambra 2, Riverside 2, Oakland 1.

Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Los Angeles 6, Santa Clara County 1, Los Angeles County 3, Siskiyou County 1, Yreka 1, Oakland 1, Alameda 1, Sacramento County 1, Santa Ana 1, Sacramento 1.

Whooping Cough.

37 cases of whooping cough have been reported, as follows: Los Angeles 11, Los Angeles County 8, Pasadena 5, San Francisco 3, Woodland 3, Riverside 1, San Diego 1, Alameda 1, Glendale 1, Oakland 1, Santa Maria 2.

Cerebrospinal Meningitis.

Siskiyou County reported 1 case of cerebrospinal meningitis.

Poliomyelitis.

2 cases of poliomyelitis have been reported, 1 from Los Angeles and 1 from Fresno County.

Epidemic Encephalitis.

San Francisco reported 1 case of epidemic encephalitis.

*From reports received on September 8, 9 and 10, for week ending September 6.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Sept. 6 received by Sept. 10	Week ending			Reports for week ending Sept. 9 received by Sept. 11
	Aug. 16	Aug. 23	Aug. 30		Aug. 18	Aug. 25	Sept. 1	
Anthrax	0	1	0	0	1	0	2	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	2	2	1	3	1	0	1
Chickenpox	41	24	16	21	13	21	40	27
Diphtheria	104	108	157	116	116	130	121	129
Dysentery (Bacillary)	11	1	19	0	17	7	2	0
Epidemic Encephalitis	2	2	5	1	1	3	4	0
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	270	97	69	60	77	62	95	103
Influenza	5	2	8	3	4	5	4	5
Leprosy	0	0	1	0	0	0	1	0
Malaria	0	2	2	0	8	3	8	1
Measles	23	50	38	16	170	167	215	159
Mumps	10	23	16	30	5	7	6	2
Pneumonia	19	16	101	25	82	16	26	20
Poliomyelitis	1	1	5	2	5	3	7	2
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	33	36	37	44	43	43	45	33
Smallpox	53	41	49	55	17	17	16	4
Syphilis	255	72	74	99	73	86	67	168
Tuberculosis	156	131	156	88	162	183	154	155
Typhoid Fever	8	32	27	17	47	25	23	11
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	67	44	74	37	86	53	36	27
Totals	1062	684	866	615	970	832	872	847

CALIFORNIA STATE PRINTING OFFICE

33113 9-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 32 SEPTEMBER 20, 1924 GUY P. JONES EDITOR

SPECIAL INFORMATION FOR HEALTH OFFICERS

The Sixteenth Annual Conference of California Health Officers to be held at Del Monte, October 6-8, 1924, will be one of the most important health conferences ever held in California. As usual, the health officers will meet, officially, as the health officers' section of the League of California Municipalities, which will be in session at the same time. Entertainment features for the session are exceptionally attractive. The people of the Monterey peninsula have arranged a motor trip for delegates for Tuesday afternoon, October 7th and a dinner and special entertainment for the evening of the same day. This entertainment will be in the nature of an advance showing of the spectacular features of the Serra Pilgrimage, Monterey's Spanish fiesta, which will bring thousands of spectators to Monterey during the week of October 12 to 19.

Monterey abounds with places of historic interest. It was the first capital of California, and many government buildings, used in early days, are still standing. The brilliant Robert Louis Stevenson, during his short stay in Monterey, contributed much to the enhancement of the old town's historical landmarks. General Wm. T. Sherman, as a young army officer, was stationed at the Monterey Presidio for a time, and he, also contributed much to the romantic history of the locality. The beauty of the surroundings can not be surpassed. The scenic drives are marvelous. Flowers in greater profusion are not found anywhere in California.

The spectacular oil fire of September 13th has in no way affected the facilities for the entertainment of guests and the convention will not be hampered in any way as a result of the conflagration. No hotel buildings were burned and reservations should be made without delay at hotels listed in the last issue of this publication. In addition to these

Health Officers' Convention, Del Monte, October 6, 1924.

Digitized by Google

hotels, there are several high grade automobile camps where delegates, who desire, may make their headquarters. It has been suggested that this information be given to persons who expect to attend the conference. At Pacific Grove, a short distance from Monterey is the Pine Grove Camp, equipped with tent houses, each with two beds, completely equipped for housekeeping. Each tent house can accomodate from one to four people. Bedding is provided. This camp has shower baths, electric lights, gas and every sanitary convenience. The rate for each tent house is $2.75 per day.

Program is Interesting.

Dr. A. J. Chesley, secretary and executive officer of the Minnesota State Board of Health, has been invited to attend the conference and to address health officers upon problems related to the control of communicable diseases.

Dr. E. C. Fleischner of the University of California Medical School has been asked to present a paper upon the control of diphtheria.

Dr. Karl F. Meyer will give a paper upon "Food Poisonings Due to the Paratyphoid Group."

Prof. Charles Gilman Hyde will present a paper at the joint session of the Health Officers' Section and the League of California Municipalities, entitled "Some Modern Processes of Water Treatment and What May be Expected of Them."

Wm. J. Locke, secretary of the League of California Municipalities will address the health officers at one of their sessions.

Dr. John N. Force, Associate Professor of Epidemiology, University of California will read a paper entitled, "Intradermal Vaccination Against Smallpox." This method of vaccination has been used at the university beginning this year and Dr. Force's observations upon this method will be of interest. He wil demonstrate intradermal tests befor the conference.

Dr. Alvin W. Powell, director o the Alameda County Health Cente will present a motion picture "Con quering Diphtheria" and will presen a short paper upon the subject o diphtheria control.

Dr. J. C. Perry, Surgeon, Unite States Public Health Service, Sa Francisco, will read a paper upo "Rodent Plague."

Dr. P. W. Covington of Salt Lak City, Utah, western representative o the International Health Board wil be present and will address the con vention.

Dr. J. W. Morgan, Health Office of Modesto will tell of the immuniza tion of Modesto children agains diphtheria.

Dr. F. O. Butler, Medical Sup erintendent of the Sonoma Stat Home will relate the story of th immunization against diphtheria, o the state's wards in that institution

Demonstrations of the Dick tes for determining immunity to scarle fever will be made at the conference Dr. W. H. Kellogg, director of th State Hygienic Laboratory, will pro vide these demonstrations and wil read a paper upon "Recent Advance in the Control of Scarlet Fever."

Special Session for Nurses.

The afternoon of Wednesday October 8th will be given over to program upon public health nursing Miss Dorothy Ledyard, R. N., hea of the public health nursing servic of the Pacific division of the Ameri can Red Cross, will present a pape upon "Public Health Nursing."

Dr. J. J. Sippy, health officer o the San Joaquin Health District Stockton will discuss the subjec "What the Health Officer Expects o the Public Health Nurse."

Miss Mary E. Davis, R. N., of th Bureau of Child Hygiene of the Cal

Digitized by Google

fornia State Board of Health, San Francisco, will discuss "The Public Health Nurses' Duty Toward the Public, the Health Officer and the Medical Profession."

A cordial invitation is extended to all public health nurses of the state to be present at this session, as well as other sessions of the conference.

Among other subjects to be discussed at the conference are, typhoid fever, rabies, sanitation of automobile camps, etc.

It is important that health officers be present on the first day of the conference—Monday, October 6th. The morning will be devoted to registration and to the opening of the conference. The program of scientific papers will be started without delay. Hotel reservations should be made at once. The meetings will be held at Hotel Del Monte, the headquarters for the convention. The demand for reservations at this hotel is heavy. There are many other hotels in Monterey and Pacific Grove as well as Carmel, all of which are, at the most, not more than twenty minutes distance by automobile transportation. Stages run to Carmel and Pacific Grove is connected with Monterey by street car.

It will facilitate the preparation of the program and the entertainment features if health officers will notify the secretary of the health officers' section if they shall attend the conference. The secretary is Dr. Fred W. Browning, Hayward, and a post card advising him of intention to be present will be of great service to the committee. The final program for the meeting will appear in this publication next week.

He who has not health has nothing.—Rosseau.

Health and cheerfulness make beauty.—Cervantes.

It is not how long but how well we live.—Delille.

Gold that buys health can never be ill spent.—John Webster.

MORBIDITY.*

Diphtheria.

116 cases of diphtheria have been reported, as follows: Los Angeles 21, San Francisco 11, Pasadena 8, Los Angeles County 7, Oakland 18, Redondo Beach 5, Oceanside 3, Hayward 2, Long Beach 3, Kern County 1, Lodi 1, San Joaquin County 1, Santa Clara County 2, Pomona 4, Daly City 1, Modesto 3, Burbank 1, San Mateo County 1, Berkeley 2, Hanford 1, Fresno 1, Richmond 2, Willits 1, Huntington Park 1, Compton 1, Glendale 1, Sacramento 2, Pleasanton 1, Alameda County 1, San Jose 1, Merced 1, Solano County 2, Alameda 2, Ventura County 1, Ukiah 1, Plumas County 1.

Measles.

6 cases of measles have been reported, as follows: Los Angeles 3, Berkeley 1, Burbank 1, Pasadena 1.

Scarlet Fever.

45 cases of scarlet fever have been reported, as follows: Los Angeles 6, Fresno County 3, Los Angeles County 3, Huntington Park 1, San Francisco 2, Santa Barbara 2, San Jose 2, Merced 1, Burbank 1, Salinas 1, Alameda County 2, San Diego 4, Oakland 3, Sacramento 1, Long Beach 1, Stockton 3, Santa Clara County 2, Orange County 4, Alameda 1, Santa Monica 2.

Smallpox.

55 cases of smallpox have been reported, as follows: Los Angeles 22, San Diego 10, Alhambra 2, Los Angeles County 2, Bakersfield 3, Santa Clara County 1, Oakland 3, Alameda County 2, Fresno 1, Kern County 3, Sacramento 1, Sutter County 1, Riverside 1, Fresno County 1, Long Beach 1, Watts 1.

Typhoid Fever.

29 cases of typhoid fever have been reported, as follows: Lassen County 5, Siskiyou County 2, Los Angeles County 2, Santa Barbara 1, Pasadena 1, San Diego 1, Alhambra 1, Tulare County 2, Plumas County 1, Los Angeles 3, San Joaquin County 1, Santa Clara County 1, Sacramento County 2, Colton 1, Madera County 1, Fresno County 1, Shasta County 1, California 2.

Whooping Cough.

54 cases of whooping cough have been reported, as follows: Los Angeles 14, Los Angeles County 11, San Francisco 3, Santa Ana 2, Glendale 2, Berkeley 2, Hanford 2, Oakland 1, Kern County 3, Madera 1, South Gate 2, Alhambra 1, San Diego 1, Pasadena 4, Long Beach 2, Modoc County 3.

Cerebrospinal Meningitis.

Los Angeles reported one case of cerebrospinal meningitis.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Tehama County 1, Pomona 1, Los Angeles County 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, Covina 1, Los Angeles County 1.

Epidemic Jaundice.

Pasadena reported two cases of epidemic jaundice.

*From reports received on September 15 and 16 for week ending September 13.

Give me health and a day and I will make the pomp of emperors ridiculous.—Emerson.

Digitized by Google

Public Is Supporting Full-Time Health Work.

Dr. Walter M. Dickie, Secretary of the California State Board of Health, says:

"Of what avail is it that a community should protect its residents against typhoid fever through the provision of a pure water supply and at the same time take no heed of the sanitation of milk and food supplies? Of what avail is it that a community should provide protection against typhoid fever but none against scarlet fever, diphtheria, smallpox and other communicable diseases? How can any community have knowledge of its own health conditions unless it provides machinery for securing reports of all cases of communicable disease as well as complete registration of all deaths and births that may occur? Unless full provision is made for infant welfare in the community, for the prevention of diseases of children and for maternal welfare, the community is not sponsoring a complete health program.

With the development of the full-time health department idea there is growing a spirit of community responsibility in the safeguarding of community health. The state is stimulating the cultivation of a spirit of local independence and is encouraging every health department to stand upon its own feet. It is advising, assisting, stimulating and providing expert counsel in the encouragement of all local activities for the promotion of local public health as well as for the solution of acute problems. Modern health administration has advanced tremendously in the past ten years. Antiquated machinery and out-of-date methods must be dispensed with. Public opinion is supporting, solidly, the development of the full-time health department. Public officials must recognize the force of the movement and make necessary provision for promoting the health and welfare of all individuals residing in the community. Protecting the health of one means protecting the health of all. In California there are exceptional opportunities for making life longer and happier. Many natural factors contribute to the ease with which life may be extended. The provision of machinery is necessary, however, in order that advantage may be taken of climate and other natural factors. Public health possibilities on the western coast are greater than anywhere else in the country. The health of our people depends largely upon how thoroughly we take advantage of the tremendous boons that public health has to offer."

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Sept. 13 received by Sept. 16	Week ending			Reports for week ending Sept. 15 received by Sept. 18
	Aug. 23	Aug. 30	Sept. 6		Aug. 25	Sept. 1	Sept. 8	
Anthrax	1	0	0	0	0	2	1	1
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	2	1	1	1	0	3	1
Chickenpox	23	26	23	20	21	40	33	23
Diphtheria	108	157	119	116	130	121	156	91
Dysentery (Bacillary)	1	19	0	1	7	2	0	1
Epidemic Encephalitis	2	5	1	3	3	4	0	2
Epidemic Jaundice	0	0	0	2	1	0	0	0
Gonorrhoea	97	69	62	104	62	95	112	56
Influenza	2	8	3	6	5	4	5	2
Leprosy	0	1	0	0	0	1	0	0
Malaria	2	0	1	4	3	8	2	3
Measles	50	38	17	6	167	215	180	109
Mumps	23	16	31	24	7	6	2	2
Pneumonia	16	101	27	19	16	26	54	14
Poliomyelitis	1	6	2	3	3	7	3	6
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	36	37	51	45	43	45	49	48
Smallpox	41	49	57	55	17	16	6	8
Syphilis	72	74	99	184	86	67	169	61
Tuberculosis	131	156	95	137	183	154	162	88
Typhoid Fever	32	27	17	29	25	23	27	17
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	44	74	37	54	53	36	39	14
Totals	684	865	643	823	832	872	1003	551

CALIFORNIA STATE PRINTING OFFICE

33113 9-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 33 SEPTEMBER 27, 1924 GUY P. JONES EDITOR

PROGRAM

HEALTH OFFICERS' SECTION

LEAGUE OF CALIFORNIA MUNICIPALITIES

MONTEREY PENINSULA COMMUNITIES

Convention to be Held at Hotel Del Monte, October 6th to 9th, 1924

MONDAY, OCTOBER 6th

Forenoon

9 a. m. All Health Officers and visitors to the Health Officers' Section are requested to register in this section.

10 a. m. The Health Officers' Section meets with the League of California Municipalities in Joint Session.

"Some Modern Processes of Water Treatment and What May be Expected of Them."

Professor Charles Gilman Hyde, University of California.

Afternoon

1:30 p. m. Opening of Health Officers' Conference.

Address of Welcome.

Fenton P. Foster, Secretary Convention Committee, Monterey Peninsula Communities.

Address of Welcome.

R. C. Main, M.D., Salinas, Health Officer, Monterey County.

President's Address.

Dr. Walter M. Dickie, Sacramento, Secretary, California State Board of Health.

Address.

W. J. Locke, San Francisco, Executive Secretary, League of California Municipalities.

Digitized by Google

The Santa Ana Typhoid Fever Epidemic.

Dr. W. Leland Mitchell, Santa Ana, Health Officer, Orange County.
Dr. A. F. Gillihan, Sacramento, District Health Officer.
Dr. C. H. Halliday, San Francisco, Epidemiologist, California State Board of Health.

The Santa Ana typhoid fever epidemic during the winter of 1923-24 was the most extensive outbreak of this disease that has ever occurred in California. Doctors Mitchell, Gillihan, and Halliday were actively engaged for many weeks in the investigation of the epidemic. Their papers will present the "high lights" of this investigation.

The Menace of Cross Connections in a Public Water Supply.

R. F. Goudey, Los Angeles, Sanitary Engineer, California State Board of Health.

Monday Evening

Reception and Ball to All Visitors.

Given by Monterey Peninsula Communities in Hotel Del Monte.

TUESDAY, OCTOBER 7th

Forenoon

9 a. m. Diphtheria Immunization in an Institution.

Dr. F. O. Butler, Medical Superintendent, Sonoma State Home, Eldridge.

Diphtheria Immunization in the Community.

Dr. J. W. Morgan, City Health Officer, Modesto.

Recent Advances in the Control of Scarlet Fever.

Dr. W. H. Kellogg, Berkeley, Director, State Hygienic Laboratory.

Intradermal Vaccination Against Smallpox.

J. N. Force, M. D.; Gr. P. H., Berkeley, Associate Professor of Epidemiology, University of California.

For the first time, students entering the University of California are being vaccinated against smallpox by the intradermal method. Dr. Force will outline the technique of this method and will demonstrate it as well.

Modern Public Health.

Dr. A. J. Chesley, Minneapolis, Secretary, Minnesota State Board of Health.

Dr. Chesley has been connected with the Minnesota State Board of Health for many years. He is the originator of the method of reciprocal notification of communicable diseases by health officers. He was for many years associated with Dr. H. W. Hill best known as the author of the "New Public Health."

Afternoon

Scenic Drives given by Monterey Peninsula Communities.

Evening

Dinner at Del Monte to League of California Municipalities.

During the dinner an elaborate program of entertainment will be given and will be continued throughout the evening.

EVERYBODY IS EXPECTED TO BE PRESENT.

WEDNESDAY, OCTOBER 8th

Forenoon

9 a. m. Sanitation in Automobile Camps.

Edward T. Ross, San Francisco, Chief Sanitary Inspector, State Board of Health.

The remarkable increase in the number of automobile camps in California and the difficulty in maintaining a high state of sanitation in these camps makes this subject one of great importance to health officers. Mr. Ross will present his ideas for securing better conditions in these camps.

Digitized by Google

Food Poisoning Due to Bacteria of the Paratyphoid Group.

Dr. Karl F. Meyer, San Francisco, Director, Hooper Foundation for Medical Research, University of California.

It was not so long ago that every type of food poisoning went by the name "ptomaine." Dr. Meyer and other research workers have done much to determine the true cause of outbreaks of food poisoning. No one is better qualified to speak upon this important subject than Dr. Meyer.

Public Health in Utah.

Dr. T. B. Beaty, Salt Lake City, Health Officer, State of Utah.

Dr. Beaty has been State Health Officer of Utah for many years. He has taken a prominent part nationally in public health matters.

Syphilis—A Public Health Problem.

Dr. A.M. Rogers, Dr. A. R. Rogers } Los Angeles City Health Department.

The Los Angeles City Health Department is accomplishing a large amount of work in the control of venereal diseases. The city clinics have a large attendance, and in these clinics modern methods of treatment are bringing about direct results.

Afternoon

1:30 p. m. Business Session.

The Public Health Nurse's Duty Toward the Public and the Medical Profession.

Mary E. Davis, R.N., San Francisco, Bureau of Child Hygiene, California State Board of Health.

The 600 public health nurses employed in California are doing much in the promotion of public health work. Miss Davis is in contact with these nurses and is able to outline their relationship to the public and the medical profession.

What the Health Officer Expects of the Public Health Nurse.

J. J. Sippy, M. D., Stockton, District Health Officer of San Joaquin County.

The San Joaquin Health District employs more public health nurses in proportion to population than any other community in the State. Dr. Sippy knows the meaning of public health nursing and he knows exactly what the public health nurse does in the promotion of community health.

Public Health Nursing.

Miss Dorothy Ledyard, R.N., San Francisco, Director Public Health Nurses, Pacific Division, American Red Cross.

Miss Ledyard has recently succeeded Mary L. Cole, R.N., as director of public health nursing for the Pacific Division of the American Red Cross. Her experience in public health nursing, both in this country and abroad, enables her to speak on this subject with authority.

County Health Unit.

Dr. P. W. Covington, Salt Lake City, Western Representative, International Health Board.

Dr. Covington is the Western Representative of the International Health Board. He has accomplished direct results in the organization of full time county health units.

Evening

ABALONE NECTAR DINNER AT HIGHLANDS INN.

THE Annual Social Gathering of the Health Officers' Section.

THURSDAY, OCTOBER 9th

Forenoon

9 a. m. Standards for Boarding Homes for Children.

Geneva Orcutt, R.N., San Francisco, Children's Agent, State Board of Control.

Rodent Plague.

J. C. Perry, M. D., San Francisco, Senior Surgeon, U. S. P. H. S.

Control of Diphtheria. (Moving picture film.)

Dr. Alvin Powell, Oakland, Director, Alameda County Health Center.

Digitized by Google

MORBIDITY.*

Diphtheria.

119 cases of diphtheria have been reported, as follows: Los Angeles 26, Oakland 17, San Francisco 11, Los Angeles County 8, Sacramento 7, San Jose 4, Merced County 1, Martinez 1, Alameda County 1, Marin County 1, Yuba City 1, Gridley 2, El Cerrito 1, Santa Clara County 4, Berkeley 2, Monterey County 2, Whittier 1, Palo Alto 1, Alhambra 2, Redondo Beach 1, Pittsburg 1, Sonora 1, Santa Cruz 1, Alameda 3, Pasadena 2, Banning 1, Bakersfield 1, San Rafael 1, Williams 1, Long Beach 1, Riverside 2, San Diego 1, Orange County 2, Pleasanton 1, Glendora 1, Stanislaus County 1, San Rafael 1, Glendale 1, Corona 1, Signal Hill 1.

Measles.

12 cases of measles have been reported, as follows: Los Angeles 2, Monrovia 1, San Francisco 1, Alameda 2, San Diego 2, Long Beach 1, Dinuba 1, Orange County 1, Stanislaus County 1.

Scarlet Fever.

56 cases of scarlet fever have been reported, as follows: Los Angeles 12, San Diego 6, Alameda County 6, San Jose 1, Kern County 1, Burbank 1, Hawthorne 1, Fresno County 1, Monterey County 1, South Pasadena 2, Santa Barbara 3, Los Angeles County 2, Patterson 1, Hayward 1, Stanislaus County 3, Watts 1, Whittier 1, Orange County 1, Selma 1, San Mateo 1, San Francisco 3, Santa Monica 1, Glendale 1, Corona 4.

Smallpox.

59 cases of smallpox have been reported, as follows: Los Angeles 30, Orange County 9, South Pasadena 1, Whittier 1, El Segundo 1, Fresno County 3, Sacramento 1, Fresno 3, Watts 1, Riverside 1, Bakersfield 1, Ventura County 1, Ojai 1, Los Angeles County 1, Huntington Park 3, Signal Hill 1.

Typhoid Fever.

20 cases of typhoid fever have been reported, as follows: El Dorado County 1, South Pasadena 3, San Francisco 1, Sacramento 5, Glenn County 1, Riverside County 1, Los Angeles County 2, Sonoma County 1, Santa Ana 1, San Diego County 1, Fresno County 1, California 2.

Whooping Cough.

47 cases of whooping cough have been reported, as follows: Los Angeles 20, San Francisco 4, Santa Monica 2, Palo Alto 1, Berkeley 4, National City 3, Los Angeles County 4, Pasadena 4, Riverside 3, Orange County 1, Santa Ana 1.

Cerebrospinal Meningitis.

Los Angeles reported one case of cerebrospinal meningitis.

Leprosy.

Los Angeles reported one case of leprosy.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Oakland 1, San Diego 1, Long Beach 1.

Epidemic Encephalitis.

Los Angeles reported 2 cases of epidemic encephalitis.

*From reports received on September 22d and 23d for week ending September 20th.

COMMUNICABLE DISEASE REPORTS.

Diseases	1924				1923			
	Week ending			Reports for week ending Sept. 20 received by Sept. 23	Week ending			Reports for week ending Sept. 22 received by Sept. 25
	Aug. 30	Sept. 6	Sept. 13		Sept. 1	Sept. 8	Sept. 15	
Anthrax	0	0	0	0	2	1	1	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	2	1	1	1	0	3	1	1
Chickenpox	26	23	31	43	40	33	28	31
Diphtheria	157	119	123	119	121	156	124	182
Dysentery (Bacillary)	19	0	1	0	2	0	0	1
Epidemic Encephalitis	5	1	3	2	4	0	2	2
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	69	62	117	98	95	112	92	163
Influenza	8	3	6	5	4	5	9	9
Leprosy	1	0	0	1	1	0	0	0
Malaria	0	1	4	5	8	2	5	14
Measles	38	17	6	12	215	180	130	285
Mumps	16	31	24	33	6	2	7	7
Pneumonia	101	27	20	25	26	54	30	31
Poliomyelitis	6	2	5	3	7	3	9	11
Rabies (human)	0	0	0	0	0	0	0	0
Scarlet Fever	37	51	45	56	45	49	61	49
Smallpox	49	57	52	59	16	6	10	8
Syphilis	74	99	184	116	67	169	140	70
Tuberculosis	156	95	137	164	154	162	165	142
Typhoid Fever	27	16	29	20	28	27	28	16
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	74	37	57	47	36	39	44	35
Totals	865	642	845	809	872	1003	881	1057

CALIFORNIA STATE PRINTING OFFICE

9113 9-24 4M

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917

Vol. III, No. 34 OCTOBER 4, 1924 GUY P. JONES EDITOR

TAKE PRECAUTION AGAINST POLIOMYELITIS.

Poliomyelitis is not unduly prevalent in California at the present time. Newspaper reports indicate that it is unusually prevalent in other states, however. The California State Board of Health has no desire to create unnecessary alarm concerning this disease, but since it is epidemic in nearby states, and because of the fact that flare-ups of poliomyelitis generally occur at this time of year, the board has issued the following statement concerning methods for the prevention and the control of the disease:

CALIFORNIA STATE BOARD OF HEALTH.

Summary Methods of Control of Epidemic Poliomyelitis

(Infantile Paralysis)

TO PREVENT THE SPREAD OF INFANTILE PARALYSIS AND TO AVOID CONTRACTING IT OBSERVE THE FOLLOWING:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure the hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family, and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins, or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being twenty per cent, and many who survive remain disabled throughout their life time.

The best way to keep your child from contracting this disease is to keep him away from other children.

TO HEALTH OFFICERS.

Special Bulletin No. 15 on Poliomyelitis gives the rules and regulations for the prevention of this disease.

Period of quarantine shall not be less than three weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts especially in children where a strict quarantine should be maintained for a period of two weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.

Digitized by Google

The Need For Maintaining Sanitation of Automobile Camps.*

By Edward T. Ross, Chief Sanitary Inspector,

There are at least 1000 automobile camps in California, many of which are kept in excellent sanitary condition. They show the results of careful supervision upon the part of local authorities and reflect great credit upon their owners and the communities in which they are located. Tourists advertise such camps, and the community which provides one of these clean camping places profits greatly through the good advertising and the money which is spent in the locality by tourists. On the other hand there are some camps in which no apparent effort is made to enforce regulations for their sanitation. Such camps are a disgrace to the state and a disgrace to the community in which they are allowed to exist.

The increase in the number of automobile camps during the past two years is enormous. Their number has increased so rapidly in fact, that it is physically impossible for the state's three sanitary inspectors to visit each of these automobile camps during the season. Fully 60 per cent of the total number of camps in the state have been inspected during the past two years, and about 40 per cent of the camps that have been inspected are now in good condition.

Some idea of the volume of automobile travel may be gained in the fact that during the 1923 season at least a million and a quarter people in 350,000 automobiles visited 225 camps scattered throughout the state. In addition to this, the United States Forest Service reports that more than 3,000,000 people visited Forest Reserve Camps in California during the same season.

It is a fact the automobile camp has become a permanent fixture in modern life, and the number of such camps is sure to increase rather than diminish. With the development of new highways many new camps will be established in territory where such camps have heretofore been uncalled for. Their value to the community can not be questioned. Because of the fact that they tend to do away with the promiscuous camping along road sides and streams, where there is no provision for the disposal of wastes, they constitute an important factor in the maintenance of public health. That they constitute a financial asset to a community is shown in the fact that during the season of 1923 nearly $1,000,000 was spent by automobile tourists for camping privileges, supplies, and similar expenditures entirely apart from any money that they may have spent for personal uses. This expenditure ($1,000,000) concerned only the 225 camps which reported and by no means represents a complete figure.

The regulations of the California State Board of Health for the sanitation of automobile camps represents minimum requirements. Many camps go far beyond the regulations in their provision of elaborate equipment. Camps in which these minimum requirements are not fully maintained have absolutely no right to exist and the quicker they are put out of business or made to conform to the requirements the better for the community and the traveling public.

The state regulations were amended February 3, 1923, so as to cover the sanitation of cottages. The provision of cottages in automobile camps comes as a result of the demand of the touring public for more comfort in camp, and the owners of automobile camps have been forced to comply with this demand and as a result, particularly in the colder portions of the state, we find most camps are providing permanent or semi-permanent cottages. The traveling public is willing to pay the higher rates that the construction of permanent cottages makes necessary. Such buildings must be of sound construction and designed so that they can be kept in a clean condition with as little effort as possible. There can be no turning back from the provision of these requirements. According to the plans of some promoters there will be a great many more permanent structures added to camps during the next few years. In fact many camps will be built entirely on the cottage plan. The promoter of a chain of such permanent camps recently said:

"The tourist camp has not kept pace with the growth of the industry—with the desires of the tourist. Many of the places in which tourists are now compelled to stop leave a bad taste in the mouth. That is detrimental to the industry as a whole and to the state at large. We want these people to be so favorably impressed with California and the Pacific Coast that they will want to stay here. Some of the camps along the highways are not of a character that will cause this desire. Rather they go away disgusted and instead of resolving to remain among us they leave. Please do not misconstrue my statement. I do not mean all of the camps are poor. On the other hand there are a number I have visited that are a credit to the industry and a decided asset to the community in which they are located. One of these is in a city in which we intend to locate. Eventually, of course, the general standard of the tourist camps will be raised. Our program is ex-

*Read at the Sixtieth Annual Conference of California Health Officers, Monterey, October 6-9, 1924.

Digitized by Google

tensive but it is not yet ready. When it is we hope to be able to present something that will materially aid in the development of modern living."

This statement indicates the type of automobile camp that may be expected to develop in the immediate future.

Health officers frequently do not take the interest in automobile camps that might be expected of them. The incidence of communicable diseases is determined to a large extent by travel. While cases of smallpox, diphtheria and other diseases are frequently found in automobile camps, the rather high incidence of typhoid fever in such camps indicates the necessity for the maintenance of strict sanitation in all such places. During the past year, according to the records of the State Board of Health, a large number of cases of typhoid fever have been discovered in California camps. In 1923, 52 such cases were found among tourists, 23 of whom received their infection within the state and 29 of whom were infected outside of California.

So far this year, 25 cases of typhoid fever have been found among tourists in California, 10 of whom were infected within the state and 15 of whom were infected outside of California.

Since typhoid fever is primarily a rural disease and tourists are constantly going from city to country and back to the city, it must be expected that some of them will contract and return with typhoid fever. That there should be proper disposal of wastes in all camps and especially in those where typhoid fever may be discovered, goes without saying. Every health officer is in duty bound to maintain an active interest in the sanitation of automobile camps for this reason, if for no other.

The question as to who should be responsible for the sanitation of camps is a matter that is open for discussion. It has been suggested that all automobile and recreation camps be placed under the sanitary supervision of the state; that legislation be drawn up which would provide for the regular inspection of such places by state inspectors; that camps be allowed to operate only under a permit issued by the state; that a fee for such permit be required, based upon the capacity of the camp; that there should be provision for revoking the permit of any camp owner who does not comply with the regulations. Whether such legislation is advisable or not depends to a large extent upon the attitude of health officers toward such a proposition. It is hoped that the health officers who are present will engage in an open discussion of this subject in order that we may receive the benefit of their suggestions for improving and maintaining the sanitation of all automobile camps in California.

The Fifty-third Annual Meeting of the American Public Health Association.

A cordial invitation is extended to all interested in public health to attend the fifty-third annual meeting of the American Public Health Association. The place is Detroit, Michigan. The time is October 20-23. Headquarters will be in the Hotel Statler. The Detroit Local Committee, headed by Dr. R. M. Olin, State Health Commissioner, is engaged in arranging matters for your comfort and entertainment. You are assured of a hearty welcome from them and from the officers and members of the Association.

The annual meetings of the Association have long been regarded as the greatest congresses on public health on this continent. The meeting this year will be no exception. Here is provided an opportunity for every type of health worker to meet every other type on a common ground for the discussion of their common problems. The program indicates that this year more than ever before provision has been made for the presentation and discussion of the important topics that are dominating the public health world at the present moment.

Physical health can not be an end in itself. We fail to esteem highly those whose only claim to distinction is exceptional physical strength; nor can longevity itself be considered an end. It is the quality of a life that counts.

But happiness and efficency are only partly dependent upon physical health. If not on health, on what? Many have jumped to the conclusion that happiness is dependent upon intellectual development and that education "en masse" will solve all problems. But this also is only partly true.

We must admit that the control and direction of our lives, our happiness and efficiency, lies not so much in our intellect, but rather rests with our emotions. Emotions, as well as intellect, mental health as well as physical, must be made a part of the educational program. Standards and ideals must be taught as well as health facts, or no permanent advancement can be made.

In the light of the present complicated task of world reconstruction, we have come to realize that health is indispensable, yet that health alone can not raise our race to its highest existence. To this must be added intelligence and morality—intelligence to control the forces of life, and morality to guide them in the direction of progress and the upbuilding of the race.—Jeanette F. Throckmorton, M.D., Des Moines, Iowa.

Digitized by Google

MORBIDITY.*

Diphtheria.

151 cases of diphtheria have been reported, as follows: Los Angeles 35, San Francisco 18, Los Angeles County 8, San Jose 8, Alameda County 8, San Diego 5, Pasadena 6, Oakland 13, San Gabriel 1, Redwood City 1, Berkeley 1, Sacramento 2, Fresno County 2, Alameda 1, Glendale 1, Compton 1, Lodi 1, Sonoma County 1, Hawthorne 1, El Segundo 1, San Luis Obispo County 1, San Leandro 1, Sutter County 1, Orange County 1, Albany 1, Pomona 1, Santa Cruz 3, Fresno 3, San Bernardino County 1, Stockton 3, El Cerrito 2, Contra Costa County 1, Antioch 1, Siskiyou County 2, Madera County 1, Sacramento County 2, Alhambra 2, San Bernardino 1, Riverside 2, Modesto 1, San Diego County 1, Stanislaus County 1, Fillmore 1, Yuba City 1, South Pasadena 1.

Measles.

14 cases of measles have been reported, as follows: Albany 1, Stockton 1, Pasadena 3, Los Angeles County 2, Sierra Madre 1, Los Angeles 2, San Francisco 2, Colton 2.

Scarlet Fever.

80 cases of scarlet fever have been reported, as follows: Los Angeles 13, San Francisco 10, Stockton 5, Los Angeles County 7, Alameda County 5, Sonoma County 1, San Joaquin County 2, Covina 1, Pasadena 1, San Bernardino County 1, Riverside 2, Madera 1, El Dorado County 1, Alameda 1, Salinas 1, Glendale 2, Fresno County 3, Chico 1, Bakersfield 1, Orange County 2, Sacramento 2, Ontario 1, San Jose 1, Berkeley 1, Santa Ana 1, Compton 1, Fresno 1, San Diego 1, Modesto 1, San Diego County 2, Santa Barbara 3, Oakland 2, Stanislaus County 1, South Pasadena 1.

Smallpox.

40 cases of smallpox have been reported, as follows: Los Angeles 15, Compton 8, Riverside 2, Los Angeles County 3, Santa Paula 1, Marysville 1, Elsinore 1, Long Beach 1, Sacramento 4, San Francisco 1, Chino 1, Oakland 1, Daly City 1.

Typhoid Fever.

28 cases of typhoid fever have been reported, as follows: Sacramento 6, Los Angeles 4, Los Angeles County 2, San Bernardino County 2, Fresno County 1, Tehama County 1, Humboldt County 1, Long Beach 1, Madera County 4, Bakersfield 1, Santa Clara County 1, Sacramento County 1, Oakland 3.

Whooping Cough.

40 cases of whooping cough have been reported, as follows: Los Angeles 8, Riverside 11, Pasadena 5, Glendale 1, San Jose 2, Berkeley 2, Santa Ana 1, Orange County 1, San Diego 3, Compton 1, Los Angeles County 4, Stockton 1.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 1, Stanislaus County 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Los Angeles County 2, Pasadena 1, Oakland 2.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, San Gabriel 1.

*From reports received on September 29 and 30 for week ending September 27.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Sept. 27 received by Sept. 30	Week ending			Reports for week ending Sept. 29 received by Oct. 2
	Aug. 6	Sept. 13	Sept. 20		Sept. 8	Sept. 15	Sept. 22	
Anthrax	0	0	0	0	1	1	1	0
Cerebrospinal Meningitis	1	1	1	2	3	1	1	0
Chickenpox	23	31	49	48	33	28	35	20
Diphtheria	119	122	127	151	156	124	194	126
Dysentery (Bacillary)	0	1	0	0	0	0	1	0
Epidemic Encephalitis	1	3	2	2	0	2	2	1
Gonorrhoea	62	117	100	97	112	93	170	80
Influenza	3	6	6	9	5	9	13	9
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	4	5	2	2	5	16	3
Measles	17	6	12	14	180	130	292	158
Mumps	31	24	33	37	2	7	8	3
Pneumonia	27	19	25	29	54	30	32	23
Poliomyelitis	2	5	3	7	3	9	12	13
Scarlet Fever	51	45	61	80	49	61	62	44
Smallpox	57	52	66	40	6	10	8	14
Syphilis	99	184	117	104	169	140	81	100
Tuberculosis	95	137	172	170	162	165	169	113
Typhoid Fever	16	29	20	28	27	23	20	11
Whooping Cough	37	57	53	40	39	44	41	19
Totals	642	843	852	860	1003	881	1158	737

CALIFORNIA STATE PRINTING OFFICE

33113 10-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 35 OCTOBER 11, 1924 GUY P. JONES EDITOR

PUBLIC HEALTH OF TODAY.*

By WALTER M. DICKIE, Secretary, California State Board of Health.

Relative values in public health are constantly changing because of the continual and rapid progress that is being made in public health administration. So rapidly have these advances come that many health officers have not been able to keep up with the changes and, as a result, too many are working blindly upon established projects regardless of whether they are necessary or whether they may have a direct bearing upon the improvement of public health in the community. Every health department exists primarily for the purpose of controlling and preventing the occurrence of communicable diseases. You well know that if there were no communicable diseases there would be no health department. For this reason, every activity should be weighed carefully in order to determine its value in the control of communicable diseases. The importance of any activity is in direct proportion to the results that may be expected of that activity in communicable disease control.

For many years, in most communities, the bulk of appropriations for health work has been devoted to the promotion of a nice environment, mainly through the installation of sanitary equipment. Vast sums of money have been spent in the provision of potable water supplies, systems for the disposal of sewage, garbage and refuse and other public works designed expressly for civic cleanliness and sanitation. The provision of such equipment is a matter of first importance and its maintenance in an efficient manner must be continuous. In most communities of California adequate public water supplies and sewerage systems are already installed, however, and maintenance is a comparatively small item. Whether the provision and maintenance of such sanitary equipment is a function of the health department or of an engineering department is open for argument. It would seem that these matters belong strictly to engineers rather than to health officers. To be sure, if a public water supply becomes contaminated, resulting in cases of typhoid fever or other intestinal infections, the investigation and adoption of control measures over such a polluted supply is the first duty of the health officer. The problems relating to the collection and delivery of water supplies, however, belong strictly to an engineering department. The same is true of sewage disposal. The health officer has no interest in the engineering problems related to the disposal of sewage. It is only when sewage contaminates water or food supplies, resulting in the occurrence of cases of communicable disease among consumers, that the health officer has any interest involved.

The problems related to garbage and refuse disposal are acute and difficult of solution, but they also constitute engi-

*Read at the Sixteenth Annual Conference of California Health Officers, Asilomar, October 6-9, 1924.

Digitized by Google

[illegible] essential in any self-respect- [illegible] would be difficult to [illegible] neglect would be [illegible] single death."

[illegible] many public officials [illegible] health department [illegible] purpose of providing [illegible] securing proper [illegible] garbage and refuse, [illegible] animals, abating odor [illegible] exterminating flies and mos- [illegible] streets quiet around [illegible] running a large amount [illegible] properly to an [illegible] department. It [illegible] health officers them- [illegible] name for this atti- [illegible] community found among [illegible] the idea of pub- [illegible] that prevailed fifty [illegible] the age when [illegible] caused by bad [illegible] fields [illegible] transmis- [illegible] our [illegible] diseases [illegible] [illegible] [illegible]

cerning the desirability of securing such immunization.

Are you health officers dealing with persons or with things? The time has now come when every health officer must determine for his community whether his department shall take advantage of modern methods of prevention of disease or whether it shall concern itself only with the abatement of petty nuisances that have little or nothing to do with communicable disease control. The tremendous growth of clinics, both in California and elsewhere, indicates clearly the trend of the public health demand. A health officer who is unprepared to meet this demand is unworthy of his office. If the general public were to take advantage of all the attributes of scientific medicine and public health that are available at the present time an immediate advancement of our civilization would be so astounding as to be beyond the comprehension of the average individual. The available resources that lie ready for application would add many years to human life, but for the most part they are used in a very limited degree.

Are you doing all that may be possible to inform your local public concerning these modern scientific procedures that will eradicate diphtheria, typhoid fever, scarlet fever and smallpox? Are you doing all that you are able to do in advising your people concerning measures that are necessary in the control of other communicable diseases? It is not an easy matter to inform the public of all of these procedures. It requires knowledge, patience and an understanding of human nature. How best to go about the task of convincing the general public of these facts, and how best to secure its full cooperation depends upon the character of the people residing in each community. There never was a time in our history when people were so eager for information that will add to their enjoyment of life and that will extend longevity. The outlook at the present time is hopeful, and the demand for all these attributes that make for real public health is increasing day by day. Health officials who are not ready to meet these tremendous demands will fall by the wayside. No health officer can afford not to know what is being accomplished along the lines of preventive medicine everywhere nor can he afford not to be prepared to apply successful preventive methods in his own community. Many years ago Pasteur said that infectious diseases can be made to disappear from the face of the earth. These words are as true today as when Pasteur first uttered them. Make the people of your community realize these truths and you will be rendering the greatest service that can possibly be rendered to human kind.

How much effort are you devoting to securing reports of cases of communicable diseases? What are you doing to make certain that you are securing complete registration of births and deaths? If you do not secure these reports how do you know what the trend of health conditions in your community may be? Do you know what the factors may be in the determination of your infant mortality rate? What are you doing to safeguard the lives of infants in your community? Are you using public health nurses? Do you realize the value of public health nursing in the control of communicable diseases? There are six hundred such nurses employed in California today.

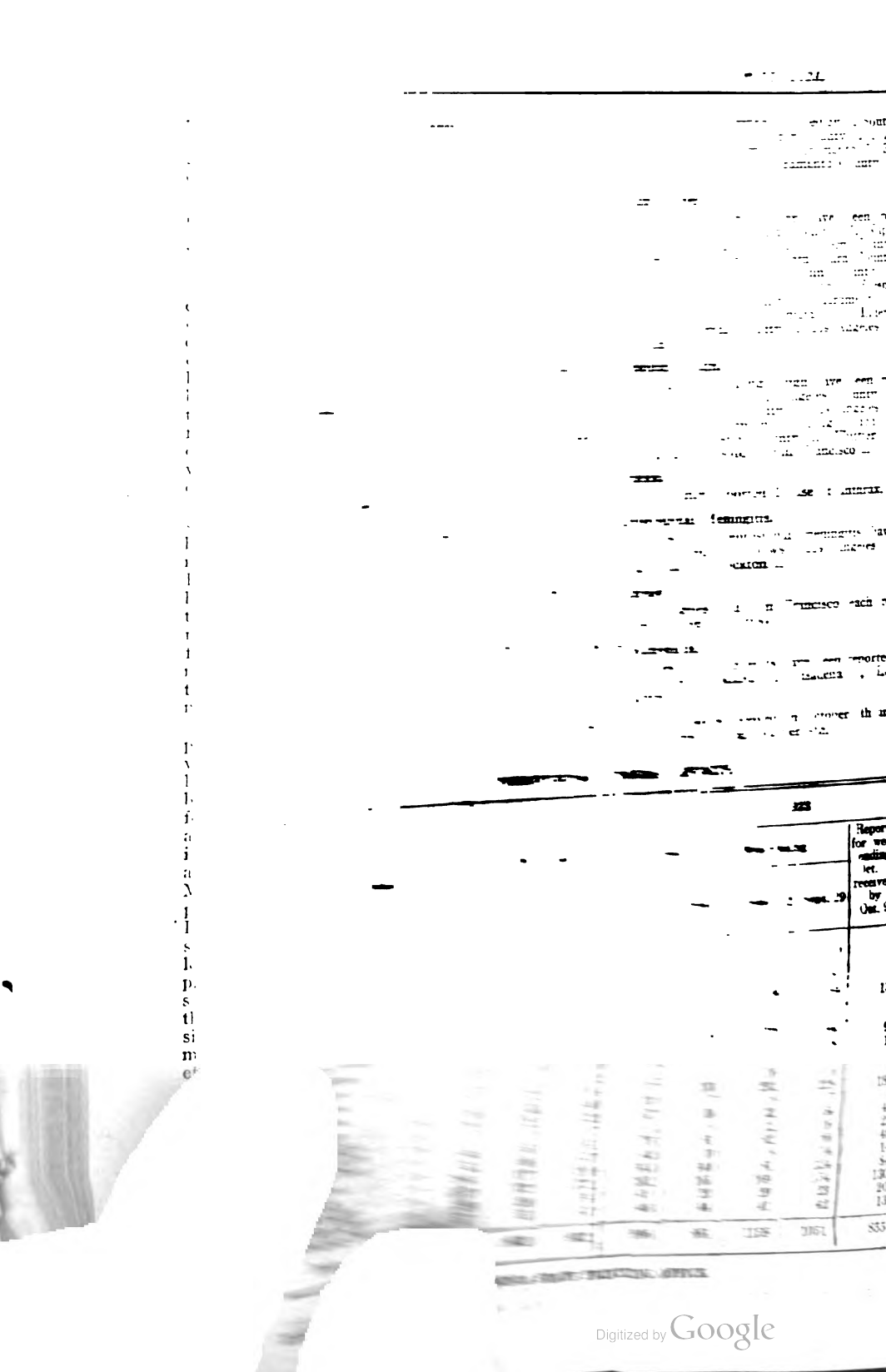
Unless all of our energies are used both directly and indirectly in the control of communicable diseases they are not being used for true public health work. The welfare of the people of this state depends to a large extent upon the proper administration of our health departments. We have natural advantages that make for the well being of our people. With the universal application of the scientific procedures that are now placed in our hands, it is possible to make human life in this state far more worth while than it has ever been before. Conscientious, intelligent effort upon our part will produce the results for which we are striving. Like the Athenian youth, "we must fight for the ideals and sacred things of our civilization both alone and with many, strive unceasingly to quicken the public sense of civic duty and transmit our city (and state) not only less, but greater and more beautiful than it was transmitted to us."

Nurses' Examination Set for December.

The next examination of public health nurses by the California State Board of Health will be held in the San Francisco and Los Angeles offices of the board on Saturday, December 13, 1924, beginning at 9 a.m. Nurses who desire to take this examination should make application without delay.

He who has health has hope, and he who has hope has everything.—Arabian Proverb.

Digitized by Google



Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 36 OCTOBER 18, 1924 GUY P. JONES EDITOR

Which Diseases Are the Most Important?

The health officer of Detroit has issued a public statement recently under the caption, "What Are the Most Important Diseases?" In answer to this question he said:

"Pneumonia, tuberculosis, cancer, the venereal diseases and diphtheria are at present the most important diseases in Detroit. Why do we allow them to take their annual huge toll of human life when a similar arousal of public opinion resulting in public knowledge applied to the individual would very greatly reduce both cases of, and deaths from, these diseases? The reason seems to lie in our inability to popularize preventive medicine to a sufficiently large number of persons.

Of the above mentioned diseases diphtheria is definitely preventable and there is no excuse for its existence in any appreciable number of cases or deaths. The others may be very greatly diminished by applied personal hygiene—in other words, by following proper health habits. For those who do contract these diseases the chances of recovery will be very much better if they have followed and continue to follow proper health habits. The people as a whole do not know that this is true. Those who do often do not know just what health habits are best adapted to their individual needs. Who is going to tell them the truth of the principle and the way in which it may be successfully carried out? The private physician can and will tell you if you give him the opportunity. Why does the President of the United States have a physician in constant attendance? Not to take care of him when he is ill, but to keep him well by regulating his daily health habits. Most of us can't afford the constant services of a physician, but we can employ a physician to visit us *regularly* and advise us to what to do to keep well.

Most of our disease is unnecessary. The private physician, if given the opportunity of calling *regularly*, can prevent disease and suffering from visiting you and your family."

Radio Health Talks Not Discontinued.

For a time, owing to the crowded programs, the regular radio health talks broadcasted from the General Electric Station, KGO, Oakland, were discontinued. These talks will be resumed October 20th and will be a permanent feature of the regular educational programs, broadcasted every Monday at 8.05 p.m.

Dr. Beebe Appointed to Bureau of Child Hygiene.

Dr. Lela J. Beebe, of Woodland, has been appointed to the Bureau of Child Hygiene. Dr. Beebe will conduct examinations of children at conferences and will lecture upon subjects relating to child hygiene and maternal welfare.

Digitized by Google

National Social Hygiene Conference Next Month.

The National Social Hygiene Conference for 1924 will take place in Cincinnati, Ohio, November 19–22, headquarters being the Hotel Gibson. This conference will mark the tenth anniversary of the founding of the American Social Hygiene Association, and it will be held under the joint auspices of the national association and the Cincinnati Social Hygiene Society.

The various discussions will have much of interest and value for health and police officials, educators, the clergy, and all social workers. This year's program will be of exceptional note, among the speakers being Miss Grace Abbott, director, Children's Bureau, Washington, D. C.; Dr. Gordon Bates, general secretary, Canadian Social Hygiene Council; Professor Maurice A. Bigelow, Teachers College, Columbia University, New York City; Surgeon General Hugh S. Cumming, United States Public Health Service; Dr. Lee K. Frankel, chairman, National Health Council; Dr. J. J. Heagerty, chief of the Division of Venereal Disease Control, Department of Health, Ottawa, Canada; Dr. Edward L. Keyes, president, American Social Hygiene Association; Dr. Joseph S. Lawrence, director, Division of Venereal Diseases, New York State Department of Health; Dr. J. E. Munger, state director of public health, State Board of Health, Columbus, Ohio; Dr. William F. Snow, general director, American Social Hygiene Association; Mrs. Anna Garlin Spencer, board of directors, American Social Hygiene Association; Mrs. Mina C. Van Winkle, Women's Bureau, Metropolitan Police Department, Washington, D. C.; together with Mrs. Clive Neville-Rolfe, O. B. E., general secretary of the National Council for Combating Venereal Diseases, London, England, of international reputation as an authority on social hygiene and eugenics.

The railway companies are arranging for special rates and the local committee has planned a number of luncheons and other entertainment features. Full information and a copy of the conference program may be obtained from Mr. E. F. Van Buskirk, executive secretary, Cincinnati Social Hygiene Society, 25 East Ninth street, Cincinnati, Ohio, by members of the American Social Hygiene Association and all others desiring them.

CIVIL SERVICE EXAMINATIO

PUBLIC HEALTH NURSE.

(Last day for filing applications in Sacrame November 1, 1924.)

The California State Civil Serv Commission announces an examinat for the position of Public Health Nu with the State Board of Health, to held in Sacramento, San Francisco Los Angeles as soon as possible a November 1, 1924. The salary rang from $150 to $175 a month.

The duties of the position are, un specific direction and assignment, perform such field nursing or pu welfare work as may be required in investigation, reporting, prevention correction of diseases or conditions favorable to the health or welfare individuals or communities; for exam to supervise the health of school c dren; to visit parents for the purpose securing treatment for children need it; to look for unreported cases of in tious diseases, and give practical instr tion in their prevention and care; and perform other related work.

Candidates must have had educat equivalent to high school graduati must have secured registration as nurse in the State of California; n have completed a post-graduate univ sity course in public health nursing, have had equivalent experience in pu health nursing; and must possess abi to instruct others and to write rep of investigations made, as well as a bility, tact and good judgment.

The examination is open to all Am can citizens who have reached th twenty-first bnt not their sixty-f birthday, who are in good physical c dition, and who meet the requireme outlined above.

The examination will be entirely o and will be conducted by a special bo of examiners appointed for the purp by the Civil Service Commission. Ca dates must secure a rating of at l 70 per cent in this oral interview in or to pass the examination.

Persons desiring to enter this exami tion may secure application blanks fr the State Civil Service Commission Room 331, Forum Building, Sacramen Room 116, State Building, San Fr cisco; Room 1007, Hall of Records, Angeles; and from the following off of the State Free Employment Bure

Pacific Building, San Francisco;
401 Tenth street, Oakland;

Digitized by Google

176 South Market street, San Jose;
916 H street, Fresno;
35 North Center street, Stockton;
Tajo Building, Los Angeles.

Completed applications must be filed with the State Civil Service Commission, Forum Building, Sacramento, on or before November 1, 1924.

Vital Statistics Show Our Social Trend.

The continual application of vital statistics in determining the trend of our social course is of the utmost value. The recent decline in our birth rate is worthy of careful consideration. In commenting upon this a writer has recently declared:

"No longer may we reproach France because of her low birth rate. The census bureau gives us the information that in this country the birth rate fell from 25 to the thousand in the first nine months of 1921 to only 22.8 to the thousand in the same part of 1922. In other words the increase in population was 322,932 less in 1922 than it would have been had the rate of the preceding year been maintained.

This is the fact. The significance of the fact depends upon the viewpoint.

To some, this fact is a sure indication of national decadence. Believers in the Rooseveltian philosophy of large families will assert the internal decay of national virility, the collapse of the ancient spirit, and the growth of selfishness, indulgence and cynical softness.

To others the fact will be hailed as a harbinger of the new day, when quality rather than quantity gives value to life, when womanhood shall be treated with chivalrous consideration, when all children shall be given their rightful heritage of good birth, good health, good education, and loving care, when the crying evils that fester in congested districts and are inevitable in overpopulated countries shall be eliminated, when reason, self-control and love shall take the place of lust, unguided instinct and blind impulse.

Whatever be the interpretation, the fact remains one of the most significant of contemporary social phenomena."

Without Health There Is Nothing.

Malaria caused the downfall of Greece and killed the most highly developed civilization in history. It is paradoxical, in view of this fact, that modern medicine owes its very foundation to early Greek physicians and philosophers. The fact, however, places great emphasis upon the progress made during recent times. Some of these Greek philosophers have made remarkable contributions to health literature. Charles Singer, in a chapter on medicine in "The Legacy of Greece," recently published, draws attention to a statement of Herophilus. He says:

"Herophilus, a Greek philosopher and physician (300 B. C.) has truly written 'that Science and Art have equally nothing to show, that Strength is incapable of effort, Wealth useless, and Eloquence powerless, if Health be wanting.' He adds:

The works of Herophilus are lost. This fine passage has been preserved for us by Sextus Empiricus, a third-century physician, in an attack on all positive philosophy. It is an entertaining fact that we should have to go to such a work for remains of the greatest anatomist of antiquity."

Happiness lies first of all in health.—George William Curtis.

Plan Now for Next Year's Health Conference.

The sixteenth annual conference of California health officers, one of the most successful ever held, has passed into history. Already, the officers of the health officers' section are making plans for the next conference, which is destined to be the most important public health meeting ever to be held on the Pacific coast. The reason for this lies in the fact that the conference will be held simultaneously with that of the health officers of the Pacific coast. Delegates from all of the western states, Canadian provinces, Mexico and Hawaii are qualified to attend this meeting. Public health authorities of international reputation will appear on the program.

From time to time, as plans for this event are formulated, announcements will be sent to all health officers. The interest and support of every such official will go a long way in making a successful conference, and the committee urges every health officer in the state to begin now to take an active part in preparation of plans for making this meeting an event long to be remembered. Suggestions for the program are solicited.

There is no kind of an achievement equal to perfect health.—Roosevelt.

Digitized by Google

MORBIDITY.*

Diphtheria.

169 cases of diphtheria have been reported, as follows: Los Angeles 37, Los Angeles County 16, San Francisco 22, National City 9, Pasadena 6, San Jose 5, Daly City 1, Sunnyvale 1, Santa Clara County 4, Redwood City 1, Huntington Park 2, Modesto 1, Kern County 3, Pittsburg 1, South San Francisco 1, Fresno 2, Mountain View 1, Marin County 1, Alameda County 4, Madera County 4, Lodi 1, San Joaquin County 3, Riverside 1, San Mateo 1, Fullerton 1, Hermosa Beach 1, South Gate 1, Berkeley 4, Redondo Beach 1, Fresno County 1, Maywood 2, El Segundo 1, Manhattan Beach 1, Burbank 1, Sacramento 3, Solano County 1, Pomona 2, Watts 2, Ontario 2, Santa Barbara 1, Oakland 16.

Scarlet Fever.

96 cases of scarlet fever have been reported, as follows: Los Angeles 18, Los Angeles County 13, San Joaquin County 8, San Jose 7, San Francisco 7, Pasadena 1, Hawthorne 1, Pomona 1, Riverside 1, Marysville 1, Colusa 2, Willits 1, Riverside County 1, Stockton 2, Santa Clara County 4, Hanford 2, Blythe 1, Fresno 2, Watts 1, Orange County 2, Santa Ana 1, Visalia 1, Modesto 1, Burbank 3, Alameda County 1, Berkeley 1, Maywood 2, Fresno County 1, Santa Monica 3, Oakland 1, San Luis Obispo County 3, Santa Barbara 2.

Measles.

20 cases of measles have been reported, as follows: Los Angeles County 11, Los Angeles 4, Kern County 2, Riverside 1, Fresno 1, Oakland 1.

Smallpox.

50 cases of smallpox have been reported, as follows: Los Angeles 9, Sacramento 9, [illegible] County 7, Fresno 9, Fullerton 1, Burba[illegible] Modesto 1, Santa Clara County 4, Whit[illegible] Madera County 1, Kern County 2, Los A[illegible] County 1, Mariposa County 1, Porterv[illegible] San Luis Obispo County 1.

Typhoid Fever.

18 cases of typhoid fever have been rep[illegible] as follows: Ontario 1, Siskiyou Cour[illegible] Blythe 1, Madera County 2, Los A[illegible] County 4, San Francisco 2, Los Ange[illegible] Eureka 1, Sacramento County 1, Santa[illegible] County 1, Red Bluff 1.

Whooping Cough.

44 cases of whooping cough have be[illegible] ported, as follows: Los Angeles 13, [illegible] Angeles County 15, Riverside 5, San Fra[illegible] 1, San Jose 1, Berkeley 3, Pasadena 3, [illegible] ton 1, Oakland 2.

Cerebrospinal Meningitis.

Alameda reported 1 case of cerebr[illegible] meningitis.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have reported, as follows: San Francisco 1, [illegible] 1, Ferndale 1.

Poliomyelitis.

3 cases of poliomyelitis have been rep[illegible] as follows: San Francisco 1, Pomo[illegible] Contra Costa County 1.

Typhus Fever.

Los Angeles reported 1 case of typhus[illegible]

*From reports received on October 1[illegible] 14 for week ending October 11.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Oct. 11 received by Oct. 14	Week ending			R fo e O re
	Sept. 20	Sept. 27	Oct. 4		Sept. 22	Sept. 29	Oct. 6	
Anthrax	0	0	1	0	1	0	0	
Cerebrospinal Meningitis	1	2	3	1	1	0	0	
Chickenpox	49	52	58	70	35	30	49	
Diphtheria	127	159	197	169	194	159	149	
Dysentery (Bacillary)	0	0	0	2	1	0	3	
Epidemic Encephalitis	2	2	0	3	2	2	2	
Gonorrhoea	100	107	118	59	170	108	116	
Influenza	6	9	18	4	13	18	18	
Leprosy	0	0	2	0	0	0	0	
Malaria	5	2	3	1	16	6	13	
Measles	12	14	19	20	292	228	223	
Mumps	33	40	32	42	8	7	9	
Pneumonia	25	32	36	27	32	54	45	
Poliomyelitis	3	7	3	3	12	16	27	
Scarlet Fever	61	91	85	96	62	66	63	
Smallpox	66	47	43	50	8	14	15	
Syphilis	117	120	144	87	81	124	91	
Tuberculosis	172	172	187	135	169	154	168	
Typhoid Fever	19	34	53	18	20	23	21	
Typhus Fever	0	0	0	1	0	0	0	
Whooping Cough	53	42	51	44	41	42	25	
Totals	851	932	1053	832	1158	1051	1037	

CALIFORNIA STATE PRINTING OFFICE

O

3113 10-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 37 OCTOBER 25, 1924 GUY P. JONES EDITOR

BOARD ADOPTS NEW REGULATIONS FOR EGGS.

Eggs constitute one of the most commonly used of all foods. Purchasers of eggs, however, are confused by the wide variety of terms, mostly adjectives, used in grading this food product. They vary widely in their descriptive wording. There are "yard eggs," "washed eggs" and twenty-six other terms commonly used in egg terminology. In the interest of protecting the public against unscrupulous dealers and in an effort to standardize the grading of eggs the California State Board of Health has recently revised its regulations covering the grading and labeling of eggs. These regulations now read as follows:

Revised Regulations of California State Board of Health Governing Grading and Labeling of Eggs.

The attention of the State Board of Health has frequently been called to the fact that considerable misunderstanding exists in the egg trade concerning proper methods of labeling eggs in compliance with the state food laws. The board, at its regular meeting held September 13, 1924, adopted the following conclusions for the guidance of its inspectors.

I. That the wholesale egg trade uses terms indicative of size, age, quality, manner and preparation, and condition of storage, which have definite meaning to such wholesale egg trade only, because individuals have access to expert knowledge and recourse to authoritative arbitration vested with effective penal powers; that such terms have been subject to extensive abuse in retail trading with no recourse excepting the food laws; and that it is unnecessary and generally undesirable for the technical terminology required by the wholesale trade to be carried through to the retail purchaser of eggs.

That in order to take proper advantage of guarantees as provided for in the Pure Foods Act, it is incumbent upon the retail dealer to obtain accurate information concerning the trade meaning of the descriptive terms used by wholesalers in their guarantees; or else insist on guarantees being written in terms which he can pass on to the retail purchaser without violating the food laws.

II. (a) That the grade designated as U. S. Specials by the Bureau of Agricultural Economics of the U. S. Department of Agriculture represents the highest grade of eggs obtainable for the retail trade under the present conditions of distribution.

(b) That the term "fresh eggs," or "new laid" eggs, as ordinarily used by retailer and consumer, indicates supreme commercial quality unless qualified by words indicating age, special methods of preparation or inferiority of quality or size.

(c) That such terms unqualified are properly applicable only to eggs which meet the present (September, 1924) specifications of U. S. Specials excluding all processed, cold stored, artificially

Digitized by Google

cleaned and incubator eggs, and all sizes below 24 ounces average and 22 ounces minimum per dozen.

(d) That U. S. Specials are not necessarily suitable for hatching or preserving in water glass, or otherwise, and that purchasers desiring eggs for any such special purpose should take necessary precautions and not depend on the regular retail trade for their supplies.

III. That the terms "eggs," "ranch eggs," "farm eggs," etc., apply only to eggs which meet the specifications of U. S. Extras, excluding all sizes below 24 ounces average and 22 ounces minimum per dozen, unless such terms are qualified by appropriate words indicating age, inferior quality, smaller size or special methods of preparation.

IV. That in order to meet the requirements of paragraphs second, fourth and sixth of section 6, of the Pure Foods Act (see note) it is necessary for all eggs not specified above to be sold under a label or representation which informs the purchaser accurately concerning the manner in which they differ from eggs described in II and III.

V. That eggs below grade of U. S. No. 1, are not considered fit to enter direct consumptive trade.

VI. That "tolerance" in U. S. grades refers to wholesale trading and no tolerance should be allowable in direct consumptive trade.

VII. (a) That eggs are necessary articles of food and because of their expense at certain seasons it is essential that the purchaser receive full values; that the purchaser frequently does not do so because eggs are sold by count and not by weight and he is not accurately informed as to size, and that such terms as "medium" or "pullets" and "pewees" or "small' are commonly understood and serve to call attention to the fact that the eggs are not of usual size even though the description is not so definite as a statement of weight per dozen, and that "medium" or "pullets" properly apply to eggs weighing at least 20 ounces average and 19 ounces minimum per dozen.

(b) That such terms as "held," "stored," "Eastern," etc., clearly indicate greater age.

(c) That the use of the term "fancy," "selected," and like words or phrases indicate superior quality or size; that used in connection with the terms "fresh," "ranch," "farm," "cold stored," "processed," or "fresh Eastern" they indicate a superior grade of eggs of that variety; that the term "special" and "extra" will be understood to apply to so graded under the U. S. Stand-

(d) That such terms as "proces "cold stored," "washed," "incuba "sterilized," "preserved," etc., ind that the eggs have been subjecte some special process or treatment e for the purpose of improving keeping qualities or appearance merely incidental to some purpose.

VIII. That a simple and uni trade nomenclature would be a convenience to all branches of the trade and the following is suggeste an appropriate system based on quality grades and three sizes, conforming with the "tentative U grades of eggs":

U. S. Specials—Large

24 ounces average and 22 ounces mini

U. S. Extras—Medium

20 ounces average and 19 ounces mini

U. S. No. 1—Small

16 ounces average and 15 ounces mini

IX. The use of the term "Ba Eggs" in labeling or representa does not exempt eggs from the ou tion of paragraph six, section 4 of Pure Foods Act (see note), and not but edible eggs should be sold u that name.

X. That egg meats are very perish and unless handled under the most s tary conditions are apt to becom serious menace to the public health; that nothing but edible stock shoul used in their preparation either drying, freezing, or immediate use.

NOTE.—Provisions of the Pure Fo Act referred to by reference to note are as follows:

Sec. 6. "Food * * * shall deemed mis-labeled or mis-bran within the meaning of this act in an the following cases":

Paragraph second. "If it is lab or branded * * * so as to dec or mislead, or tend to deceive or misl the purchaser; or if it be falsely lab in any respect * * * ."

Paragraph fourth. "If the pack * * * or its label shall bear statement, design, or device * * which statement, design or device s be false or misleading in any particul

Paragraph sixth. "If having no l it * * * is sold or offered for under a name, designation, descript or representation which is false or m leading in any particular whatever; in case of eggs and poultry: if t have been kept or packed in storage or otherwise preserved, t must be so indicated by written printed label or placard plainly de

Digitized by Google

nating such fact when offered or exposed for sale * * *."

Sec. 4. "Food shall be deemed adulterated within the meaning of this act in any of the following cases":

Paragraph sixth. "If it consists in whole or in part of a filthy, decomposed or putrid animal or vegetable substance, or any portion of an animal or vegetable unfit for food, whether manufactured or not, or if it is the product of a diseased animal * * *."

Results Obtained in Treatment of Leprosy.

Few people in this country other than physicians ever see a case of leprosy although it is estimated that between five hundred and one thousand lepers are still at large in the United States. Except the disease be in its last stages the average person would never recognize it. Lepers have been known to live in communities for years before being recognized as such. Often these persons are discovered to be lepers when applying for treatment for some other condition.

Recently three lepers have been discharged from the National Leprosarium at Carville, Louisiana as having now no manifestations of the disease. To all intents and purposes, they have been cured although the doctors merely certify that the disease has been arrested and that these persons are no longer a menace to the public health.

The treatment at Carville, while by no means wholly confined to the use of special preparations of chaulmoogra oil, depends very materially on these preparations for its efficacy, or in other words, their use is regarded as an important adjunct of the treatment.

The accommodations for lepers at Carville have never been sufficient to take care of all the lepers who apply. At present there are 211 beds, all of which are filled, but there will soon be facilities to care for a total of 415 lepers and it is believed that the new buildings will be rapidly filled as there is a large waiting list.

The timely provision for the isolation and treatment of these unfortunate victims of this terrible disease will, no doubt, diminish the spread of leprosy in the United States, a matter that is already giving great concern to both National and State health officers.—U. S. P. H. Service.

Good health and good sense are two of life's greatest blessings.—Publius Syrius.

How Is Your Public Health Dollar Spent?

When considering appropriations health officers should weigh carefully each activity for which they desire funds—determine definitely the place of each in the control of communicable disease, and make preparations for carrying on such activities in direct proportion to the bearing that they will have upon communicable disease control. In Detroit, a city conducting a remarkably efficient health department, the health appropriation last year was $1.83 per capita. Out of every dollar expended for public health 47 cents was used in the maintenance of hospitals, 10 cents for school health work, 7 cents for contagious disease, 6 cents for infant welfare, including prenatal infant and preschool work, 5 cents for tuberculosis, a little less than 3 cents for dental work and, so on. The health officer of Detroit in commenting on these appropriations said: "Who can say whether or not the apportionment is correct? It seems a problem to which not only this department but all health departments may well devote considerable attention."

The healthy know not of their health, but only the sick.—Carlyle.

Severe Type of Smallpox Appears In California.

Smallpox, of a virulent type, is present in California. At least a dozen deaths from this disease, according to newspaper reports, have occurred recently in Fresno. At this writing, the California State Board of Health is conducting an investigation into the present situation in that city. No report is available as yet. It is known definitely, however, that an extremely severe type of the disease has appeared recently in California. Individuals who are wise will make certain that they are protected against smallpox by securing vaccination without delay. Health officers should advise the residents of their communities to be vaccinated at once.

Better Care For Mothers.

A nation-wide movement to improve maternity conditions has been begun by the American Gynecological Society the American Child Health Association, and the American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

Digitized by Google

MORBIDITY.*

Diphtheria.

173 cases of diphtheria have been reported, as follows: Los Angeles 37, San Francisco 18, Santa Clara County 7, San Jose 8, San Diego 5, Long Beach 5, Los Angeles County 16, Oakland 8, Santa Barbara 1, Glendale 2, Santo Cruz 3, Sutter Creek 1, Pacific Grove 1, Mendocino County 1, Sonoma County 1, Pasadena 2, Oxnard 1, Gridley 1, Santa Barbara County 1, Richmond 1, Stockton 2, Sanger 1, Hawthorne 1, Maywood 1, Redlands 1, Alhambra 1, Bakersfield 2, San Bruno 1, Colma 1, Monrovia 1, Salinas 4, El Segundo 4, Watsonville 2, Berkeley 3, Santa Ana 4, Alameda County 4, Tulare County 3, Alameda 2, Willits 2, Monterey County 1, Fullerton 1, Redondo 1, Frseno 1, Hermosa Beach 3, Huntington Park 1, Fresno County 1, Woodland 3, Hayward 1.

Measles.

12 cases of measles have been reported, as follows: Los Angeles 5, Los Angeles County 2, San Francisco 1, Colton 1, San Diego 1, Pasadena 1, Chico 1.

Scarlet Fever.

109 cases of scarlet fever have been reported, as follows: Sutter County 6, Santa Clara County 9, Los Angeles 19, San Jose 8, Fresno County 7, Los Angeles County 12, Sah Francisco 1, Fresno 2, Salinas 1, Pasadena 3, Stockton 3, Sutter Creek 1, Riverside County 2, Tulare County 3, Huntington Park 1, Torrance 1, Alhambra 1, South Gate 1, Marysville 1, El Dorado County 1, Redlands 3, Burbank 1, Santa Ana 4, Orange County 2, Watsonville 1, West Covina 1, San Diego 1, San Francisco 1, Hawthorne 1, Hanford 2, Riverside County 1, Santa Paula 2, Oakland 4, Santa Barbara 2.

Smallpox.

74 cases of smallpox have been reported, as follows: Fresno 14, Compton 6, Santa Clara 5, Fresno County 6, Los Angeles 16, Redondo 2, Madera County 3, Alameda County 1, Sacramento 3, Lassen County 1, Los Angeles County 3, Long Beach 3, Kern County 2, Oakland 3, Daly City 1, Yuba City 1, Elsinore 4.

Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Martinez 1, Lassen County 1, Los Angeles County 1, Pinole 1, San Joaquin County 1, Oakland 1, Huntington Park 1, Sonoma County 3, Glenn County 1, Los Angeles 1, Sacramento County 1, Siskiyou County 1, California 3.

Whooping Cough.

38 cases of whooping cough have been reported, as follows: Los Angeles 13, Los Angeles County 9, Orange County 1, Long Beach 3, Monterey County 2, San Jose 2, Berkeley 3, Pasadena 4, San Francisco 1.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

Typhus Fever.

Los Angeles reported one case of typhus fever.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, as follows: Oakland 1, Los Angeles 1, Pasadena 1.

Leprosy.

Two cases of leprosy have been reported, as follows: Avalon 1, Santa Paula 1.

Poliomyelitis.

12 cases of poliomyelitis have been reported, as follows: Tuolumne County 1, Sonoma County 1, Oakland 1, Contra Costa County 2, Alameda 1, Los Angeles County 1, San Francisco 2, Alnambra 1, Santa Clara County 1, San Diego 1.

*From reports received on October 20 and 21 for week ending October 18.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Oct. 18 received by Oct. 21	Week ending			Reports for week ending Oct. 20 received by Oct. 23
	Sept. 27	Oct. 4	Oct. 11		Sept. 29	Oct. 6	Oct. 13	
Anthrax	0	1	0	0	0	0	1	0
Cerebrospinal Meningitis	2	3	1	3	0	0	1	0
Chickenpox	53	58	74	86	30	49	37	60
Diphtheria	159	188	185	173	159	149	218	190
Dysentery (Bacillary)	0	0	3	1	0	3	3	2
Epidemic Encephalitis	2	0	3	1	2	2	2	2
Gonorrhoea	107	118	73	83	108	116	96	124
Influenza	9	18	6	35	18	18	17	13
Leprosy	0	2	0	2	0	1	0	1
Malaria	2	3	1	2	6	13	8	6
Measles	14	19	23	12	228	223	242	185
Mumps	40	32	56	45	7	9	8	7
Pneumonia	32	36	32	27	54	45	35	46
Poliomyelitis	7	3	10	12	16	27	22	12
Scarlet Fever	91	86	105	109	66	63	126	115
Smallpox	47	42	57	74	14	15	20	27
Syphilis	1 0	144	69	153	124	91	137	95
Tuberculosis	172	187	153	60	154	168	260	133
Typhoid Fever	24	52	28	17	23	21	25	15
Typhus Fever	0	0	1	1	0	0	1	2
Whooping Cough	42	51	57	38	42	25	37	16
Totals	932	1043	937	934	1051	1038	1236	1051

3113 10-24 3500 CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 38 NOVEMBER 1, 1924 GUY P. JONES EDITOR

Fresno Smallpox Situation Improved.

The smallpox situation in Fresno and vicinity is believed to be well in hand. Vaccination clinics have been established by both the city and the county where vaccinations are performed free of cost. It is estimated that the following are the number of vaccinations that have been done up to October 27th:

Smallpox vaccinations performed in Fresno County	7,000
Smallpox vaccinations performed in Fresno City	12,000
New cases week ending October 25th:	
Fresno County	5
Fresno City	3

The smallpox outbreak in Fresno County is characterized, not by the large number of mild cases reported, but rather by the small number of severe cases reported and the high mortality rate. In one family there were four cases reported, three of which have resulted fatally, with the probability that the fourth case will also result in death.

Out of a total of 86 cases reported during the past six weeks there have been at least 12 deaths.

During the first half of the present year more than 8000 cases, with 19 deaths, have been reported in California. It is characteristic of smallpox outbreaks that cases of virulent type appear suddenly in the midst of a widespread outbreak of mild cases. The outbreak at Fresno, with its high mortality rate, is not an unusual occurrence in view of the high incidence of smallpox within the state this year.

The public health authorities of Fresno City and County and of the neighboring towns and counties are doing all that may be possible to prevent the further spread of the disease. The results of their efforts depend entirely upon the degree to which the general public responds to the opportunities for vaccination that are provided.

Individual Has Chief Responsibility for Health.

Your health officer can't make you take the typhoid fever inoculations or vaccination against smallpox. He can't force you to give your children toxin antitoxin preventive treatment against diphtheria. He can't make your wife accept prenatal care.

Your city board of health can't make you avoid theaters and other crowded places when epidemics of grippe, influenza and common colds are present for short periods.

Yet all these things are well demonstrated procedures for the welfare of those who may make use of them.

These are duties in which every individual will have to take the initiative for himself. He need not concern himself with the more fundamental health activities, such as the care of water supply, milk or pure food, as they will be adequately taken care of for him.

Only a small portion of the truths of preventive medicine are now being applied practically. Thousands of needless deaths occur annually from typhoid, smallpox and childbirth.—John E. Elmendorf, Jr., in *Hygeia*.

Digitized by Google

RADIO TALK.

How to Prevent Common Colds.

Broadcasted from Station KGO, Oakland, California, October 27, 1924.

Common colds are communicable and infectious. They are caused by germs just as diphtheria, pneumonia and whooping cough are caused by germs and they are spread in exactly the same way that these diseases are spread. Secretions from the nose and throat are responsible for the transmission of common colds. Sneezing and coughing, as well as open mouth breathing, may scatter these secretions through the air, making it easy for a well person to inhale the organisms sprayed out by a person suffering with a common cold. Many colds are contracted, too, by the transmission of nose and throat secretions which have been freshly deposited on door knobs, pencils, fingers and dozens of other objects handled by sick and well persons in their daily contact.

A noted sanitarian has said that if all human saliva were colored blue this tint would be observed on most of the inanimate objects that are encountered in our daily life. This may not be a pleasant thought but it is true. It can be seen very readily that in our daily contact with fellow men it is almost impossible to escape infection of this sort. If every individual who suffers from a cold were to voluntarily isolate himself until he has recovered much could be accomplished in the prevention of this common disorder.

Getting the feet wet, sitting in a draft, exposure to low temperatures, overeating and many other indiscretions tend to lower the resistance of the individual and thus make it easier for the infection to do its deadly work. It should be remembered, however, that these indiscretions in themselves may not cause illness. It is the combination of transfer of infectious material together with lowered resistance that results, so often, in disastrous colds.

Fingers play a large part in the transfer of common colds. It is a good practice, in personal hygiene, to keep the fingers away from the lips, and it is also a good practice to wash the hands frequently with soap and hot water. It is about as easy to escape infection from common colds when they are prevalent as it is to escape breathing. Care in avoiding contact with persons suffering from colds and the strict maintenance of hygienic principles of living will do much, however, in preventing the contraction of colds. It is not easy to avoid persons suffering from this malady and there is no absolute assurance that anyone can deliberately prevent the contraction of a cold. Then, too, it is not always necessary to come into contact with an individual suffering from a cold in order to get a cold because a person may harbor organisms in his own nose and throat and not be sick. If his resistance becomes lowered, however, these organisms may be able to take advantage of his reduced vitality and produce a cold.

Following are the chief facts to remember in the prevention of common colds:

1. Work and sleep in fresh air.
2. Dress warmly but not too warmly.
3. Eat in moderation and observe all of the standard rules for hygienic living.
4. Keep the fingers away from the face.
5. Wash the hands frequently in soap and hot water.
6. Avoid persons who are suffering from colds.

Why Children are Absent From School.

Fifteen public schools in Washington, D. C., were studied during 1923-24 by a committee of which Dr. Louise Taylor-Jones was chairman in order to discover the causes of school absences. The grade chosen for this study was the third. The results of the study have been published by the U. S. Public Health Service. It was found that more than 70 per cent of all absences were due to medical problems, more than one-fourth being due to the common cold, and nearly 40 per cent to respiratory disturbances. Boys and girls seemed to be absent equally for all causes.

Why are Children Bad?

Delinquent children are usually under par physicially. This is shown by a study made in New York of 743 children brought before the children's court. Examination of these children indicated that the physical condition of delinquent children in general is much inferior to that of ordinary school children. Seventy-nine per cent of the children before the court had physical defects, while only 35 per cent of public school children living in the same districts and of the same ages and nationalities, had defects. The chief difference between the two groups so far as physical conditions were concerned seemed to be in nutritional and glandular disturbances.

Digitized by Google

Great Accomplishments In Child and Maternal Welfare.

There has been expended by federal and state governments $1,688,047.12 to promote the welfare of mothers and babies under the Federal Maternity and Infancy Act during the first 15 months following its passage.

This statement is made by the Children's Bureau of the U. S. Department of Labor, in connection with the first official report of the administration of the Maternity and Infancy Act, passed by congress on November 21, 1921. The report covers the period from March 20, 1922, when the first national appropriations became available, until June 30, 1923, and was prepared by Dr. Anna E. Rude of San Francisco, former director of the maternity and infant hygiene division of the Children's Bureau.

Federal grants to the states during this period for maternity and infancy work totaled $1,046,523.56. State appropriations made to match federal funds totaled $641,523.56. In 1922 payments were made to 43 states, 28 of which matched the federal grant in full or in part. In 1923, 41 states received grants for maternity and infancy work, 35 of which matched the allotment in full or in part. By June 30, 1923, all state legislatures had met and the appropriation acts passed enabled 40 states to cooperate during 1924, all but Kansas, Illinois, Louisiana Vermont, Maine, Massachusetts, Connecticut, and Rhode Island. By action of its state legislature in July, Louisiana for the first time accepted the act and will receive its share of 1925 federal funds.

The Maternity and Infancy Act has already demonstrated its value, according to the report, in that it has:

"(1) Stimulated state activities in maternal and infant hygiene.

(2) Maintained the principle of local initiative and responsibility.

(3) Improved the quality of the work being done for mothers and babies by disseminating through a central source—the federal government—the results of scientific research and methods of work which have been found to operate successfully.

(4) Increased state appropriations with the passage of the act. From the appropriation for the fiscal year 1922 15 states were able to accept only the $5,000 unmatched funds. Six states were able to accept only the $5,000 unmatched from the federal appropriation for the fiscal year 1923. All of the states cooperating under the act either have already accepted more than the $5,000 unmatched allotment from the 1924 federal appropriation, or will be able to do so. Moreover since the Maternity and Infancy Act became effective 33 states accepting it have made difinite increases in their own appropriations for the welfare of mothers and babies."

State activities under the act have included the employment of physicians public health nurses, dentists, dietitians, health teachers and social workers, on staffs of health departments; education of the public through lectures, demonstrations, exhibits, films, etc.; maternity consultations or centers; mothers' classes, correspondence courses and other forms of educational work for mothers; training and supervision of midwives; health conferences; dental clinics; nutrition classes; inspection of maternity and children's homes.

Duty to Self and to Public.

No better illustration could be had of the duty of each of us to self and to the public than in the matter of vaccination.

The unvaccinated person is a danger to himself. He is much more than that. He is a danger to the community.

He is in much greater danger of smallpox than if he were vaccinated. And every case of smallpox, due to lack of vaccination, becomes a new source of infection.

The present generation does not know smallpox, as did the former generations of Americans. We do not know what it is to walk streets frequented by pock-marked persons.

Because vaccination a generation ago was almost universal.

But the generation that has forgotten smallpox, has also forgotten vaccination. And smallpox is returning. It is returning notably in areas where vaccination has been neglected or where it has been, from sentimental or pseudo-scientific reasons, opposed.

The danger of each of us from smallpox is much greater than it was ten years ago.

All the more reason why each of us should take special care that we are as immune as modern, clean, careful medical practice can make us.

The citizen who has not been vaccinated recently or did not have it "take," should make sure, at once, from a physician in whom he has confidence, about himself and his family.

There is no need of alarmist reports. There is no great danger from smallpox. But there is an increasing danger, one due to the too great indifference to the disease in recent years.—*Fresno Republican.*

Digitized by Google

MORBIDITY.*

Diphtheria.

193 cases of diphtheria have been reported, as follows: Los Angeles 46, San Francisco 14, Alameda County 6, Los Angeles County 10, Sacramento 5, Long Beach 5, Stanislaus County 8, Santa Cruz 5, Kern County 5, Alameda 3, San Jose 2, Contra Costa County 1, Lodi 1, San Joaquin County 4, Watsonville 4, El Cerrito 1, Pacific Grove 1, Orange County 3, Monterey County 1, Kingsburg 1, Madera County 1, San Diego County 1, Pittsburg 1, Maywood 2, Alhambra 1, Hermosa Beach 1, Stockton 1, Mendocino County 3, Tulare County 2, Glendale 1, Pomona 4, Monterey County 1, San Bernardino County 1, San Diego 4, Fresno County 2, Kings County 1, Santa Cruz County 3, Whittier 1, Manhattan Beach 1, El Segundo 2, Marysville 1, Pasadena 2, Ukiah 1, San Mateo County 2, Berkeley 4, Santa Ana 1, Fillmore 3, Santa Clara County 3, Oakland 15, Corona 1.

Measles.

35 cases of measles have been reported, as follows: Los Angeles 6, Los Angeles County 17, Siskiyou County 1, San Gabriel 1, Lodi 1, Alhambra 2, Sacramento 1, San Francisco 2, Eureka 1, Berkeley 1, Pittsburg 1, Oakland 1.

Scarlet Fever.

120 cases of scarlet fever have been reported, as follows: Los Angeles 19, San Jose 7, Stockton 13, Alameda County 7, San Francisco 6, Santa Clara County 5, Riverside 5, Los Angeles County 6, Colusa 2, Santa Cruz County 4, Kings County 1, Bakersfield 1, San Bernardino County 2, Salinas 2, Pasadena 3, San Mateo County 1, Sacramento 4, Alhambra 2, Torrance 1, San Diego 4, San Joaquin County 1, Kern County 2, Stanislaus County 4, Alameda 1, San Diego County 1, Siskiyou County 2, Manteca 1, Yuba County 1, Fresno County 1, Fillmore 1, Lassen County 4, Signal Hill 1, Oakland 4, Berkeley 1.

Smallpox.

64 cases of smallpox have been reported, as follows: Los Angeles 16, Los Angeles County 11, Sacramento 7, Fresno 12, Madera County 1, Orange County 1, Sacramento County 3, San Diego 1, Bakersfield 2, Lodi 1, South Pasadena 1, Ontario 2, Signal Hill 1, Fresno County 3, Oakland 2.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: Lassen County 6, Alameda 1, Madera 1, Los Angeles County 2, Stockton 1, Sacramento County 1, Long Beach 2, Colma 1, Pittsburg 1, Siskiyou County 1, Tulare County 1, Los Angeles 1.

Whooping Cough.

63 cases of whooping cough have been reported, as follows: Los Angeles 21, Berkeley 7, Los Angeles County 15, San Diego 5, Riverside 1, San Francisco 2, Long Beach 1, San Jose 1, San Diego County 1, Modoc County 1, Monterey County 3, Pasadena 3, Alhambra 1, Oakland 1.

Cerebrospinal Meningitis.

Riverside reported one case of cerebrospinal meningitis.

Poliomyelitis..

9 cases of poliomyelitis have been reported, as follows: Oakland 1, Los Angeles County 1, San Francisco 1, San Diego 2, Tulare County 1, Tuolumne County 2, Alameda County 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Sacramento 1, San Francisco 1, Oakland 1.

Botulism.

Glendale reported one case of botulism, and Los Angeles reported one case of botulism.

Leprosy.

Los Angeles reported one case of leprosy.

*From reports received on October 27th and 28th for week ending October 25th.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Oct. 25 received by Oct. 28	Week ending			Reports for week ending Oct. 27 received by Oct. 30
	Oct. 4	Oct. 11	Oct. 18		Oct. 6	Oct. 13	Oct. 20	
Anthrax	1	0	0	0	0	1	0	0
Botulism	0	0	0	2	0	0	1	0
Cerebrospinal Meningitis	3	1	3	1	0	1	0	1
Chickenpox	58	74	118	116	49	37	82	51
Diphtheria	188	185	183	193	149	218	232	202
Dysentery (Bacillary)	0	3	1	0	3	3	2	2
Epidemic Encephalitis	0	3	1	3	2	2	2	1
Gonorrhoea	118	73	87	74	116	96	138	83
Influenza	18	6	38	17	18	17	18	14
Leprosy	2	0	2	1	1	0	1	0
Malaria	3	1	2	0	13	8	6	7
Measles	19	23	13	35	223	242	217	202
Mumps	32	56	52	64	9	8	8	7
Pneumonia	36	32	31	30	45	35	52	41
Poliomyelitis	3	10	12	9	27	22	12	19
Scarlet Fever	86	105	107	120	63	126	150	132
Smallpox	42	57	87	64	15	20	30	51
Syphilis	144	69	155	102	91	137	106	96
Tuberculosis	187	153	65	109	168	200	163	164
Typhoid Fever	52	28	20	19	21	25	23	24
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	51	57	38	63	25	37	20	22
Totals	1043	936	1015	1022	1038	1235	1263	1119

CALIFORNIA STATE PRINTING OFFICE
33113 10-24 2500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 39 NOVEMBER 8, 1924 GUY P. JONES EDITOR

Pneumonic Plague Appears in Los Angeles.

Pneumonic plague has appeared among Mexican residents of Los Angeles. Following the death of a Mexican woman who lived just outside of the city, cases of the disease appeared among residents of Los Angeles who attended her funeral. Nearly all, if not every one, of the contacts at this funeral have died, as well as a priest, a nurse and an ambulance driver. At this writing there have been twenty-two deaths in the original group of twenty-eight cases. It is expected that a few more cases will develop but it is believed that the situation is under complete control. Full publicity has been given to the outbreak and the daily papers are giving complete information to the public. This policy is most commendable and will go far in bringing the outbreak under control quickly. Health officers are advised to be alert in their investigations of respiratory infections, particularly among Mexicans who may have visited their countrymen in Los Angeles. It is believed that complete control has been effected, but nevertheless, caution is necessary.

Health—the quality of life that renders the individual fit to live most and serve best.

"There is no substitute for health." Think this over and see if you can find something just as good as health.

Death Comes to Dr. Luther M. Powers.

Dr. Luther M. Powers, Health Commissioner of Los Angeles since 1893, died October 31st. He had been in poor health during the early part of the year, but made a recovery. Upon reaching Monterey to attend the annual convention of California health officers, October 6th, he was taken ill and was obliged to return immediately to Los Angeles.

Few health officers have served their communities for so long a period of time. Dr. Powers saw Los Angeles grow from a city of 50,000 to be one of the largest cities in the United States. The manifold public health problems incidental to this rapid increase of population would be overwhelming to the average man. Dr. Powers met these problems resolutely and achieved remarkable results in the maintenance of public health in Los Angeles. He inspired confidence and was given full public support. His passing leaves a gap that can not be filled easily. He will be missed greatly among the health officers of California, at whose conferences his counsel and advice were always sought. Los Angeles owes him a huge debt, for he sacrificed much in order that his city might benefit. For more than thirty years he worked unceasingly for the good of Los Angeles.

A child without a birth certificate is like a man without a country.

Digitized by Google

DEFINITION OF A PUBLIC HEALTH NURSE.*

By Mary E. Davis, R.N., Supervising Nurse, Bureau of Child Hygiene.

A few health officers, many physicians and a large part of the general public either misunderstand or are totally ignorant of the meaning of public health nursing. It takes time for the public to learn the exact application of a profession as new as that of public health nursing, but after the soundness of the principles behind it are recognized, the support of the mass of the population is always certain. Many physicians are skeptical and critical in their attitude, and some health officers seem to be in fear of this comparatively new figure in public health administration. If this paper succeeds in clarifying any mistaken impressions regarding public health nursing, or if it can supply any information concerning the duties of the public health nurse, it will have served its purpose.

It would perhaps be just as well for us to take a few minutes first to explain why we have this worker in our midst. When we study public health we see plainly that we have gone much farther than our earlier objectives of community sanitation and the control of communicable disease by isolation, sera and vaccines. Major health problems such as the control of tuberculosis and infant mortality can only be solved through personal hygiene—an alteration in the habits of the individual and through the establishment of new contacts with the public, contact which shall permit the application of the resources of medical science at a stage in the disease when they can produce the maximum effect.

Such changes in the personal habits of people and in relation to their medical advisers can only be effected through education. The new educational objectives of the health administrator may be approached to a limited extent by mass methods, such as moving pictures, radio talks, lectures, literature and exhibits. These serve to prepare the ground. Direct personal contact, however, with the individual life is essential to success in a matter so entirely personal as hygiene. May I quote at this point from Dr. Winslow: "We have sought for twenty years for a missionary to carry the message of health into each individual home. And in America we have found this messenger in the Public Health Nurse."

*Read at Annual Conference of California Health Officers, Asilomar, October 9, 1924.

Public health nurses are to be differentiated from institutional nurses, working in hospitals or other institutions, and private duty nurses who take care of private patients.

The public health nurse is any graduate nurse who serves the health of the community, with an eye to the social as well as the medical aspects of her functions, by giving bedside care, by teaching and demonstration, by guarding against the spread of infection, insanitary practices, et cetera. The functions of the public health nurse are to teach habits of healthful living in the home, to see to it that the physician's instructions are intelligently carried out, to be on the alert for all that is suspicious or divergent from health. These functions distinguish the public health nurse from all the other workers.

The question of whether or not a nurse should give bedside care is one that has been hotly debated during the past few years. There are arguments for and against it. One can readily see that in a larger field one would have to restrict this particular phase of the service. At present the demand for public nurses is so much greater than the supply that we will have to confine ourselves, or at least give the major portion of our time, to instruction rather than to bedside care. It will be necessary for a nurse in many instances, however, even in districts where her territory includes the whole county, to render such service. For instance, take the case of a child with diphtheria. We firmly believe that the nurse will give more practical instruction by going into the home, rolling up her sleeves and teaching the mother, or whoever is caring for the patient, by demonstration rather than by doorstep information.

The same is true in a post partum or child welfare visit. There is a psychological effect also that must be taken into consideration, for the nurse who renders service in the time of stress has an overwhelming advantage then and thereafter in teaching hygiene. Nurses whose work is largely stimulative and supervisory in nature may not, of course, be in a position to render direct bedside care.

With an adequate number of nurses per unit of population, we believe that the combined service of teaching and nursing will yield the largest results.

This is what a public health nurse is and this is

Digitized by Google

WHAT THE PUBLIC HEALTH NURSE IS NOT.

She is not a practitioner of medicine, although some medical men within the state are endeavoring to set up a scare in the charge that public health nurses are practicing medicine. This is due, no doubt, to the rapid growth of clinics, not only in California, but throughout the entire United States, and to the tremendous number of individuals who attend these clinics. Simple examination, such as weighing and measuring, and the superficial search for visible physical defects, both permissible to nurses, have led some physicians to believe that the nurse is attempting much more than her training allows. As a matter of fact, the competent nurse recognizes her limitations and never goes beyond them. Her work in clinics is comparable to the work of a very coarse mesh sieve. Children in need of medical treatment who are caught in this sieve would probably never receive medical attention except for the preliminary examination made by the nurse, an examination which has served as an index to graver conditions. Concerted effort is needed to correct the false impression that is prevalent in some sections of this state, that the public health nurse is violating the Medical Practice Act by making diagnoses and treating disease. Wherever wilful misrepresentation is made, and where false charges are brought, vigorous retaliation should follow. In a few isolated cases I would say that nurses have exceeded their authority —or rather, they have gone beyond their limitations. If the complaint regarding such cases is submitted in writing to the State Organization for Public Health Nursing, it will be investigated. We are anxious to keep up the standards of our profession.

In our work we hear a great many tales. Usually it is what some one else has told the doctor. If nurses will bear in mind that their relationship toward a physician in their public health work is identically the same as it is in private practice, a great many of our difficulties will be solved.

The nurse should not recommend any one doctor exclusively. One can readily understand how this situation arises. A nurse goes as an absolute stranger into a community. She calls on all the physicians, generally finding one a little more friendly toward her program than the others. Unconsciously she goes more often to him or her for advice. This arouses criticism. In some cases, also, this same doctor has been appointed by the medical association to be their representative. When he becomes popular with the clientele, the nurse is criticised for sending all the cases to one man.

Another complaint is that nurses do not investigate the economic status of their patients before they are sent or taken to clinics for treatment. The physicians have a just grievance if they are called upon for free treatment for patients financially able to pay.

The foregoing are a few of the major complaints.

May I say in closing that I feel that the nurse working in a county has one of the biggest jobs in the field of public health. Her task is a hard one, but O, how great are the compensations!

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

***Reported by office number. Name and address not required.**

MORBIDITY.*

Diphtheria.

146 cases of diphtheria have been reported, as follows: Los Angeles 37, San Francisco 20, Stanislaus County 7, Los Angeles County 12, Oakland 11, Turlock 2, Hollister 1, Long Beach 4, San Diego 3, San Joaquin County 2, Lodi 1, Pasadena 2, Sacramento 2, Monrovia 1, Santa Barbara 1, Pomona 1, Redondo

*From reports received on November 3d, 4th, and 5th, for week ending November 1st.

Digitized by Google

Beach 2, San Jose 3, Hayward 2, Chula Vista 1, Hawthorne 2, Santa Maria 1, Berkeley 4, Stockton 3, Kern County 1, San Benito County 1, San Bernardino 1, Riverside 1, Burbank 1, Hermosa Beach 1, Colton 1, Alameda 2, Tulare County 1, Watsonville 1, Signal Hill 1, Alameda County 4, Alhambra 1, Huntington Park 1, Pittsburg 1, Ontario 2.

Measles.

19 cases of measles have been reported, as follows: Los Angeles 6, Elsinore 1, Oakland 1, Alhambra 1, Pasadena 1, Santa Rosa 2, Hanford 1, Alameda 1, Stockton 1, San Fernando 2, Los Angeles County 2.

Scarlet Fever.

92 cases of scarlet fever have been reported, as follows: Los Angeles 16, San Jose 14, San Francisco 9, Stockton 5, Los Angeles County 5, Alameda County 6, Santa Clara County 3, Sunnyvale 1, Oakland 2, Pasadena 2, Sacramento 4, Huntington Park 1, Riverside County 3, San Diego 3, Riverside 3, Tulare County 1, Manteca 2, Dinuba 1, San Joaquin County 1, Salinas 2, Santa Ana 1, Kern County 2, Long Beach 2, Santa Cruz County 2, Pomona 1.

Smallpox.

69 cases of smallpox have been reported, as follows: Los Angeles 21, Fresno 18, Sacramento 10, Long Beach 5, Santa Clara County 2, Bakersfield 1, Santa Monica 1, Wheatland 1, Kern County 2, Los Angeles County 1, Pasadena 1, Santa Barbara 1, Stockton 2, Tulare County 1, Lassen County 2.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Santa Clara County 1, Huntington Park 1, Los Angeles 2, San Fernando 1, San Diego 1, Colton 1, Butte County 1, Siskiyou County 1, San Francisco 1, Stockton 2, San Joaquin County 1, Santa Rosa 1, Alhambra 1, Calaveras County 1, California 2.

Whooping Cough.

82 cases of whooping cough have been reported, as follows: Los Angeles County 16, Los Angeles 22, San Diego County 7, Berkeley 6, Chowchilla 9, Oakland 2, San Fernando 4, Whittier 3, Alhambra 1, Redondo Beach 1, San Luis Obispo County 1, Santa Ana 1, Long Beach 3, San Francisco 2, Santa Clara County 4.

Cerebrospinal Meningitis.

4 cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 3, San Jose 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Los Angeles 1, Palo Alto 1.

Botulism.

Oakland reported one case of botulism.

Poliomyelitis.

17 cases of poliomyelitis have been reported, as follows: Benicia 1, Alhambra 1, Sonoma County 1, Oakland 1, Los Angeles 2, San Francisco 3, Contra Costa County 3, San Diego 1, Tuolumne County 1, Alameda 1, Los Angeles County 2.

Plague.

About 34 cases of pneumonic plague and one case of bubonic plague have been reported from Los Angeles and vicinity. Among these cases there have been 25 deaths.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 1 received by Nov. 5	Week ending			Reports for week ending Nov. 3 received by Nov. 7
	Oct. 11	Oct. 18	Oct. 25		Oct. 13	Oct. 20	Oct. 27	
Anthrax	0	0	0	0	1	0	0	0
Botulism	0	0	2	1	0	1	0	0
Cerebrospinal Meningitis	1	3	2	4	1	0	2	4
Chickenpox	74	118	132	170	37	82	61	45
Diphtheria	185	183	207	146	218	232	229	175
Dysentery (Bacillary)	3	1	1	0	3	2	3	0
Epidemic Encephalitis	3	1	2	3	2	2	1	2
Gonorrhoea	73	87	77	255	96	138	86	100
Influenza	6	38	17	14	17	18	12	11
Leprosy	0	2	1	0	0	1	0	0
Malaria	1	2	0	1	8	6	7	2
Measles	23	13	34	19	242	217	221	247
Mumps	56	52	73	49	8	8	15	9
Pneumonia	32	31	31	54	35	52	43	40
Poliomyelitis	10	12	10	17	22	12	21	8
Scarlet Fever	105	107	115	92	126	150	133	117
Smallpox	57	87	70	69	20	30	51	62
Syphilis	69	155	103	151	137	106	96	104
Tuberculosis	153	65	162	201	200	163	194	108
Typhoid Fever	28	20	22	18	25	23	25	15
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	57	38	79	82	37	20	27	11
Totals	936	1015	1140	1346	1236	1263	1227	1060

CALIFORNIA STATE PRINTING OFFICE

33113 11-24 3500

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 40 NOVEMBER 15, 1924 GUY P. JONES EDITOR

PROGRESS REPORT OF PLAGUE IN LOS ANGELES.

At this writing, Monday, November 10th, there have been discovered in Los Angeles and vicinity 36 cases of plague, 30 of which have resulted fatally. Most of these cases are of the pneumonic type. It is believed that the prompt action taken by all concerned in the control of the outbreak has resulted in checking its spread. It is believed, also, that the situation is absolutely under control in so far as emergency action is concerned.

An outline of the method of organization for the control of plague in Los Angeles and vicinity will indicate the thoroughness with which the work is being undertaken. At the invitation of Mayor Cryer of Los Angeles, the California State Board of Health took charge, with the U. S. Public Health Service, Los Angeles City Health Department and Los Angeles County Health Department cooperating. The Los Angeles Chamber of Commerce is represented by Dr. Clemmens, the U. S. Public Health Service by Dr. J. C. Perry, Senior Surgeon. Dr. Walter Brem of Los Angeles is consulting bacteriologist. The actual work is in charge of Dr. Walter M. Dickie.

The epidemiological investigations are conducted by Dr. Chas. H. Halliday, Epidemiologist of the California State Board of Health and Dr. N. E. Wayson of the U. S. Public Health Service. Dr. W. H. Kellogg, Director of the State Hygienic Laboratory, has charge of all laboratory work, including examination of rats. Dr. Frank L. Kelly, Professor of Hygiene, University of California, formerly Epidemiologist with the California State Board of Health, has control of all quarantines, releases, handling of contacts and suspects, admissions to the hospital, etc. Mr. Edward T. Ross, Chief Sanitary Inspector of the California State Board of Health, has charge of the campaign for the eradication of rats and the fumigation of premises.

It is extremely fortunate for California and for the United States that the California State Board of Health has a staff that is experienced in the control of this extremely dangerous disease which comparatively few health officers have had the opportunity to deal with. Dr. Walter M. Dickie was connected with the State Health Service when plague was present in San Francisco in 1900–1905. Dr. W. H. Kellogg was city bacteriologist of San Francisco in 1900, and discovered the presence of plague, bacteriologically, when the disease first appeared there. He also served in the same capacity during the second outbreak in San Francisco in 1907–08. Dr. Frank L. Kelly was epidemiologist for the California State Board of Health in 1919 and had charge of the control of the outbreak of pneumonic plague in Oakland during that year. Dr. Chas. H. Halliday, epidemiologist, has worked in plague control in Manila and other foreign ports. Mr. Edward T. Ross, chief sanitary inspector, and two members of his staff were employed by the U. S. Public Health Service for many years in rat and squirrel eradication campaigns connected with plague outbreaks in San Francisco and New Orleans.

The Mexican quarter of Los Angeles is in the quarantined area, which is occupied by about 1500 people and covers eight square blocks. The city of Los Angeles appropriated $25,000 for use in the control of the outbreak. The persons in

quarantine are fed by the Los Angeles County Board of Charities, in charge of Mr. Holland. Seven-day rations were distributed. A laboratory has been established within the quarantined area where specimens from suspected human cases, as well as rats, are examined. A large staff of nurses and physicians cover the district twice daily, investigating all cases of illness and enforcing stringent control measures over all cases that may be suspicious of plague. All cases, suspicious cases, and contacts are hospitalized. Much of the success in suppressing the outbreak is due to the cooperation of the Los Angeles County Hospital, under Dr. N. E. Wood.

A policy of giving full, definite and precise information to the public concerning the status of the outbreak was adopted by the State Board of Health. Bulletins are issued to the press every afternoon. All newspaper accounts of the progress of the outbreak are therefore authentic and there is no occasion for any unfounded "scares" to exist. Too much credit can not be given to the local health authorities of Los Angeles who discovered the presence of this rapidly fatal disease and who had the courage, the wisdom, and the foresight to make known their discovery and to take rational steps for checking the spread of the disease, without delay or hesitation.

There is absolutely no occasion for unnecessary alarm concerning the present status of plague in Los Angeles, but that continued and unabated effort in the control of rodents, in which animals the disease exists, in many parts of California, goes without saying. It appears that the emergency conditions are about over. The flames have almost subsided, but the bed of coals remains. As long as infected rodents exist there is danger that cases of plague among human beings will occur. The glowing coals must be extinguished, lest they cause another fire.

In connection with the plague situation in California it is interesting to turn back to the prophecy written by Dr. N. K. Foster, secretary of the California State Board of Health in 1908:

> These rodents (ground squirrels) are so numerous in the country districts and so hard to eradicate that the spread of disease through them to all parts of the state is a danger most serious and threatening.

Dr. W. A. Sawyer, secretary of the California State Board of Health in 1916, wrote as follows:

> At the present rate it will take many years to eradicate plague completely and remove the danger of the sudden appearance of the epidemic among the people. As a matter of economy, as well as protection of the public health, a liberal appropriation should be made for carrying on the work.

Dr. W. H. Kellogg, secretary of California State Board of Health in 1 said:

> Until plague-infected ground squirrels entirely eradicated from California we always have a sword of Damocles hanging our heads. So long as infection persists an the ground squirrels the possibility of an tension of the disease to the rats of the ci and consequently to the human popula will exist. It may be one year, it may be years, or it may be twenty years before lighting up of the virulence of the infec will occur, but we can surmise from the w history of plague and its known tendency slumber in endemic foci such as we have the vicinity of San Francisco bay, that will happen some time. We have now ha fair trial of the present method extending ten years, which is to spend just enough mo to keep the disease in check, but not eno to exterminate it. The only rational pla to proceed vigorously and to prosecute work at such a rate that an entire ten ye allotment of funds is used up in a year or

Dr. W. M. Dickie, secretary of California State Board of Health at present time, wrote in his biennial rep now on the press, as follows:

> Every secretary of the California S Board of Health since 1908 has prophesied plague, since it is endemic among rod within the state, will again constitute an ac and direct menace to the health of human ings in California. As long as foci of in tion exist there is danger to the people California. Measures that will provide for extermination of ground squirrels and would be productive of beneficial results. the present time, the limited funds availa to both federal and state authorities make impossible to do more than to determine index of infection. If we are able to h the disease in check we shall do remarka well. Undoubtedly conditions shall develop some future time which will cause plague flare up again as it did in 1907 and 1908. it were possible to spend the funds that required in the extermination of rodents possibility of an outbreak of the disease amo human beings would be greatly diminished, not entirely eliminated. Campaigns agai rats, which are also responsible for the tra mission of plague, are conducted periodica in the centers of population. This is undou edly the best form of insurance against pla that municipalities can undertake. In the fi analysis, efforts in the control of plague amo rodents must be continuous if they are accomplish complete results.

Dr. Dickie's statement was written la September, two months before the a pearance of plague in Los Angele These prophecies, written by secretari of the State Board of Health periodical since 1908, show that state health autho ties have not been unmindful of t danger that lies in the endemic nature plague in California. The words of the state health authorities are quoted he in the hope that the people of this sta may appreciate the seriousness of plagu and that they may take the lead in secu ing action, either local, state or federa that will result in the complete elimin tion of any possibility of plague flari up again in California from any loc source.

Digitized by Google

"Plague and Its Prevention."

Radio Talk.

Radiocasted from Station KGO, Oakland, November 3, 1924.

Newspapers, during the past week, have published full information concerning the appearance of an outbreak of pneumonic plague in the Mexican colony of Los Angeles. The discovery of the present of this most rapidly fatal disease by the city health department, as well as its policy of keeping the public fully advised concerning the progress of the epidemic, both deserve the highest praise. Control of this much-to-be-feared disease can only be gained by learning where it exists and keeping the general public advised concerning its status. Tonight's radio talk has been prepared by the California State Board of Health in pursuance of this policy of giving the full facts to the public.

Pneumonic plague is the celebrated "black plague" of the fourteenth century which destroyed one-quarter of the population of Europe, and which carried off one-seventh of the population of London in the sixteenth century. After its disappearance from Europe, the disease appeared in a few isolated parts of the world and then gradually faded out. It was thought that the disease had disappeared altogether, but it made its reappearance in China in 1894, and from there spread over the world, having been carried by trade and travel routes to the four quarters of the globe. From the autumn of 1896 to the end of 1917, 10,000,000 people died of this disease in India. In Manchuria, during the winter of 1910-1911, this same pneumonic type of plague killed more than 45,000 people in a few months.

There are three types of plague, the bubonic, septicemic and pneumonic. In the bubonic and septicemic forms of the disease the plague organism affects the glands, blood and other tissues and organs of the body. These two forms of the disease are transmitted through fleas that are commonly found upon rats. The pneumonic form of the disease, on the other hand, is transmitted directly from person to person, just as common colds are transmitted through the transference of sputum by coughing and the spraying of sputum on the air. It is possible that it may be transmitted also by an infected flea bite. The pneumonia resulting from this type of infection is extremely rapid and fatal, the death rate being as high as 90 per cent.

Fortunately, pneumonic plague does not flourish in dry climates where there is comparatively little moisture in the air. In wet northern countries, particularly during the winter months, it may take an enormous number of lives. Bubonic plague, then, is primarily an insect-borne infection, while pneumonic plague is a contact infection spread largely from person to person. Both forms of the disease, however, are caused by the same organism. Every outbreak of pneumonic plague undoubtedly starts from a case of bubonic plague. For this reason, ultimate control of the disease depends upon the eradication of all sources of bubonic plague. It has been determined that the control of a plague epidemic must deal with two factors; first, care for cases of the disease among humans; and second, a persistent warfare against rats. These rodents are largely responsible for carrying plague along trade routes from port to port throughout the world. Rats suffer from plague and the fleas that live upon rats desert their cold dead bodies, attaching themselves to the nearest warm body that they can find. In this way fleas carry the infection from rats to men.

San Francisco, Seattle, New Orleans, Texas and Florida cities have all suffered from outbreaks of bubonic plague, and in Oakland in 1919 there was an outbreak of pneumonic plague in which 13 persons died out of 14 infected. This last outbreak was undoubtedly started from contact with infected ground squirrels. These rodents became infected with the disease in California following the San Francisco outbreak of bubonic plague in 1907-1908. Rats and ground squirrels are frequently found living in the same burrows, thus making it easy for squirrels to contract the disease from rats. This disease will always be a menace to the people of the United States as long as it exists in rats and ground squirrels. The eradication of these rodents is an expensive procedure but we can have no assurance that the disease will not appear again until such time as we are able to control the rat and ground squirrel populations. The best way to get rid of rats is to starve them out by taking away their food supplies. All buildings should be made rat proof, garbage should be kept in metal covered containers and every possibility for providing rats with food should be eliminated. Poisoning and trapping may also be used. Ground squirrels are destroyed by trapping and poisoning.

The present outbreak in Los Angeles is confined to a limited district and every possible device for preventing the spread of the disease is being used. It is believed that few, if any, more cases among human beings will develop. The active and continuous campaign against rats and ground squirrels must be carried on, however, if we are to be assured that the disease is under control. At the present time there is no occasion for undue alarm. The disease must be regarded seriously, however, and every activity that will keep the disease in check must be used persistently and unceasingly.

MORBIDITY.*

Diphtheria.

211 cases of diphtheria have been reported, as follows: Los Angeles 28, San Francisco 23, Berkeley 5, San Diego County 7, Alameda 5, Sacramento 9, Pasadena 5, San Diego 8, Sac-

*From reports received on November 10th, 11th and 12th for week ending November 8th.

Digitized by Google

ramento County 5, Los Angeles County 15, San Jose 5, Oakland 13, Alameda County 6, Chula Vista 2, Clovis 1, Coronado 4, Santa Cruz 1, Watsonville 1, Ventura County 1, Fillmore 1, Modesto 2, Stanislaus County 2, Turlock 2, San Luis Obispo 1, Merced County 2, Sonoma County 1, Merced 1, Fresno County 1, Sanger 1, Redlands 3, Fresno 3, Redondo Beach 2, Torrance 1, Oxnard 1, Glendale 1, National City 3, Yreka 1, Hollister 1, Hayward 1, Monterey 1, Sacramento County 2, Salinas 2, Monterey County 4, Alhambra 1, Hawthorne 2, Redwood City 1, Riverside 1, Long Beach 2, Stockton 2, Vernon 1, Sutter Creek 1, El Segundo 3, San Benito County 1, San Bernardino 1, Santa Barbara 2, Whittier 4, Glendora 1, San Mateo County 1, El Monte 1, Colton 4.

Scarlet Fever.

131 cases of scarlet fever have been reported, as follows: Los Angeles 23, San Francisco 10, Torrance 6, Los Angeles County 8, Santa Clara County 10, San Diego 9, Fresno County 5, Alameda County 15, San Jose 7, Whittier 4, West Covina 1, Marysville 2, Hanford 2, Stockton 1, Redondo Beach 1, Richmond 1, Napa 1, Orange County 2, Bakersfield 2, Sacramento 1, Manteca 3, San Joaquin County 1, Redlands 1, Yuba County 1, Hayward 1, Paso Robles 1, Ventura County 1, Riverside 2, Long Beach 1, Pasadena 2, Santa Barbara 2, Oakland 3, Kern County 1.

Measles.

27 cases of measles have been reported, as follows: San Fernando 7, Los Angeles 5, San Francisco 3, Pasadena 3, Los Angeles County 3, Alameda County 1, San Luis Obispo 1, San Diego County 1, El Monte 1, San Joaquin County 1, Santa Clara County 1.

Smallpox.

106 cases of smallpox have been reported, as follows: Fresno County 17, Los Angeles 18, Fresno 5, Susanville 13, Los Angeles County 12, Sacramento 8, Santa Barbara 5, Chino 7, Marysville 3, Daly City 1, Redondo Beach 1, Whittier 1, Gridley 2, Santa Clara County 1, Huntington Park 3, San Diego 2, San Jose 1, Ventura County 1, Watsonville 1, Oakland 4.

Typhoid Fever.

27 cases of typhoid fever have been reported, as follows: San Bernardino County 6, Taft 1, Sacramento 2, Colton 1, Fresno County 1, Long Beach 1, San Francisco 3, Modesto 1, Los Angeles County 1, Los Angeles 1, San Bernardino 4, Butte County 1, Oakland 3, California 1.

Whooping Cough.

58 cases of whooping cough have been reported, as follows: Los Angeles 10, Orange County 10, Los Angeles County 7, Sacramento 5, Beverly Hills 2, Long Beach 3, Kern County 3, Monrovia 4, San Diego 1, Berkeley 2, San Luis Obispo County 2, Monterey County 4, Whittier 2, Santa Ana 1, Oakland 2.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, as follows: San Francisco 1, Fresno 1, Oakland 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, Oakland 2.

Typhus Fever.

Los Angeles reported 2 cases of typhus fever.

Poliomyelitis.

9 cases of poliomyelitis have been reported, as follows: San Diego County 1, Los Angeles County 1, Los Angeles 4, Oakland 3.

Plague.

36 cases of pneumonic plague, including 30 deaths, have been reported to date from Los Angeles and vicinity.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 8 received by Nov. 12	Week ending			Reports for week ending Nov. 10 received by Nov. 13
	Oct. 18	Oct. 25	Nov. 1		Oct. 20	Oct. 27	Nov. 3	
Anthrax	0	0	0	0	0	0	0	1
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	2	4	3	0	2	5	4
Chickenpox	118	132	180	227	82	61	60	66
Diphtheria	183	207	148	211	232	229	228	188
Dysentery (Bacillary)	1	1	0	0	2	3	6	0
Epidemic Encephalitis	1	2	3	3	2	1	2	3
Gonorrhoea	87	77	257	101	138	86	133	105
Influenza	38	17	14	15	18	12	14	8
Leprosy	2	1	0	0	1	0	0	1
Malaria	2	0	1	1	6	7	3	2
Measles	13	34	20	27	217	221	314	258
Mumps	52	73	54	62	8	15	31	14
Pneumonia	31	31	55	61	52	43	46	40
Poliomyelitis	12	10	17	9	12	21	9	5
Scarlet Fever	107	115	100	131	150	133	158	141
Smallpox	87	70	72	106	30	51	74	82
Syphilis	155	103	145	74	106	96	122	159
Tuberculosis	65	162	205	132	163	194	141	198
Typhoid Fever	20	22	19	27	23	25	25	17
Typhus Fever	1	0	0	2	1	0	0	4
Whooping Cough	38	79	82	58	20	27	28	38
Totals	1016	1138	1376	1250	1262	1227	1399	1334

CALIFORNIA STATE PRINTING OFFICE

13 11-24 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 41 NOVEMBER 22, 1924 GUY P. JONES EDITOR

Insist Upon Clean Drinking Cups.

RADIO TALK.

Radiocasted from KGO, Oakland, November 10, 1924.

California laws prohibit the use of common drinking utensils in public places. The law says that it is illegal "to provide or expose for common use, or permit to be so provided or exposed, or to allow to be used in common, any cup, glass, or other receptacle used for drinking purposes." This law applies to hotels, restaurants, soft drink places, soda fountains, stores, theaters, public halls, public or private schools, churches, hospitals, clubs, office buildings, parks, playgrounds, lavatories or wash rooms, barber shops, railroad trains, boats or any other public place, building, room or conveyance.

There is good reason for making such a law as this, for it is not only possible but also highly probable that many diseases such as tuberculosis, diphtheria, scarlet fever, measles, mumps, influenza, common colds and other diseases are frequently conveyed from mouth to mouth through the use of common drinking utensils. It is the duty of every individual who may discover a common drinking utensil in a public place to report it to the local health officer in order that he may take action in the matter. In many public eating places, particularly soft drink stands and soda fountains, where large numbers of persons are served within a short period of time, there is considerable carelessness displayed in the washing of cups and glasses. Patrons should insist that they be served with clean drinking utensils. There can be no doubt that common colds are easily transmitted through the use of drinking cups and glassware that have not been properly sterilized after use. Merely rinsing a glass or cup in cold water does not make it clean. The use of hot water and soap is necessary in the cleaning process.

In some restaurants not enough attention is paid to the washing of tableware, especially forks and spoons, which, because they are placed in the mouths of customers, should be thoroughly sterilized. Knives can not be considered so dangerous, from a public health standpoint, for the custom of eating with one's knife went out of fashion many years ago. While it is important that plates and other dishes be thoroughly washed and dried before use, special emphasis should be placed upon a thorough cleansing in boiling water of all forks, spoons, cups and other utensils that come into contact with the mouths of patrons in public eating and drinking places.

Whether eating and drinking utensils in public places are kept clean or not depends upon the demand of the public. The proprietor of no eating or drinking establishment can afford to permit his employees to be careless in a matter of so great importance. Since it has been proved conclusively that common drinking utensils are a factor in the spread of communicable diseases there can be no argument against the requirement that the common drinking cup be abolished. If the general public will insist upon the strict observance of this law, eating and drinking in public places will constitute

Digitized by Google

a greater pleasure than it does at present and there will be far fewer opportunities for common colds and similar infections to spread.

BY THE present Declaration of the Rights of the Child, commonly known as the "Declaration of Geneva," men and women of all nations, recognizing that Mankind owes to the Child the best that it has to give, declare and accept it as their duty that, beyond and above all considerations of race, nationality or creed:

I. THE CHILD must be given the means requisite for its normal development, both materially and spiritually.

II. THE CHILD that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succored.

III. THE CHILD must be the first to receive relief in times of distress.

IV. THE CHILD must be put in a position to earn a livelihood and must be protected against every form of exploitation.

V. THE CHILD must be brought up in the consciousness that its talents must be devoted to the service of its fellowmen.

Los Angeles County Announces Examinations.

The Civil Service Commission of the County of Los Angeles will hold the following examinations at the times and place indicated below, application to be made on Form 15, which will be sent on request. The application must be made out according to instructions contained therein, and should be filed with the Commission, Room 1007 Hall of Records, Los Angeles, Cal., at least three days prior to date of examination.

Applicants must be citizens of the United States and residents of the State of California. Precedence in certification will be given to qualified electors of this State.

All salary quotations are in accordance with Ord. 1052 (N. S.) as amended, and subject to the restrictions therein set forth, including the deduction and setting aside for a retirement fund of $4.00 per month for each employee, and the return of same with interest on separation from the service.

DEPUTY COUNTY HEALTH OFFICER—Div. Com. Disease

DEPUTY COUNTY HEALTH OFFICER—Div. Child Welfare

LOCAL DISTRICT HEALTH OFFICER—Div. Com. Disease

Department County Health Officer

Open Competitive Examinations

Monday, December 1, 1924, 8.30 a.m.

Room 1007, Hall of Records, L. A., Cal.

There are one or more appointments to be made to each of the above positions and the Commission desires eligible lists from which appointments may be made as necessary.

Salary—

For each position—beginning at $225 per month; advance after one year to $250 per month; further advance after two years to $275 per month, only by order of the Board of Supervisors for thoroughly satisfactory service.

Duties—

Div. Com. Disease and Local Dist. Health Officer: Under direction of the County Health Officer, to enforce all orders and ordinances of the Board of Supervisors pertaining to health and sanitary matters and investigation of communicable diseases; also all quarantine regulations and rules prescribed in relation thereto by the State Board of Health and to enforce all statutes relating to the public health and to vital statistics.

Div. Child Welfare: To assist the County Health Officer in the performance of his duties in enforcing and observing all State laws, all orders and ordinances of the Board of Supervisors, and all orders and quarantine regulations and rules of the State Board of Health pertaining to public health, sanitation and vital statistics. Specifically, to carry out the regulations in regard to enforcement of the Birth Registration Act of the State of California, to prevent contagious diseases of children, to improve nutrition of childhood by educational effort, and to cooperate with parents in the better care of infants throughout the county.

Requirements—

Candidates must be graduates of some medical school of recognized standing, and be registered to practice medicine in the State of California.

For the Communicable Disease Division. Preference will be given to those who have had experience in the diagnosis and investigation of the sources of communicable diseases, and in the administration of public health laws.

For Division of Child Welfare. Preference will be given to women especially qualified for and experienced in the performance of the specific duties enumerated above.

Executive and professional ability of a high order are essential in both.

Scope of Examination

	Relative weights
1. Written Examination	4
2. Education, Experience and General Qualifications, verified by interview and references	6
Total	10

LOCAL DISTRICT HEALTH OFFICER—(as needed)

Department County Health Officer

Open Competitive Examination

Last day for filing applications, Monday, December 1, 1924.

Room 1007, Hall of Records, L. A., Cal.

It is desirable to secure an eligible list in every locality of the county from which appointments may be made as needed in the division of communicable diseases.

Salary—

$7.00 per day.

Duties—

Under direction of the County Health Officer, to serve temporarily in emergencies in their respective localities in performance of duties as outlined above.

Requirements—

Same as those stated above for candidates for the Communicable Disease Division.

Digitized by Google

Scope of Examination

There will be no written examination having a separate weight. Candidates will be rated competitively as to their education, experience and general qualifications as stated in their applications or supplemental experience sheets, and verified by references and interview, if deemed necessary.

ASSISTANT CHIEF NURSE—Dept. of Health

Open Competitive Examination

Written Examination, 1.30 p.m. Oral Interview,, 9.00 a.m.

Friday, December 12, 1924.

Room 1007, Hall of Records, L. A., Cal.

There is one appointment to be made immediately and an eligible list is desired.

Salary—

Beginning at $140 per month; advance after one year to $145 per month; further advance after two years to $150 per month, only by order of the Board of Supervisors for thoroughly satisfactory service.

Duties—

To assist the Chief Nurse in the supervision and work of the Public Health Nurses at clinics, health centers and schools; to help with the planning and maintaining of an educational program designed to improve the work of the Public Health Nurses and to raise the standard of the service as a whole; to assist in the examination and compiling of reports and in marking the efficiency of the workers.

Requirements—

Candidates must be graduates of some accredited school for nurses and be registered in some State in the Union. They must have had a good preliminary education, special training in public health nursing, or two years' experience in supervision and teaching. Executive ability, good personality and sound health are requisites.

Scope of Examination

	Relative weights
1. Written Examination	4
2. Education, Experience and General Qualifications, verified by interview and references	6
Total	10

TUBERCULOSIS HEALTH NURSE

Open Competitive Examination

Friday, December 12, 1924, 8.30 a.m.

Room 1007, Hall of Records, L. A., Cal.

There is one position to be filled and an eligible list is desired.

Salary—

Beginning at $140 per month; advance after one year to $145 per month; further advance after two years to $150 per month, only by order of the Board of Supervisors for thoroughly satisfactory service.

Duties—

Under direction of the County Health Officer to assist in the prevention and control of tuberculosis in accordance with State laws and county ordinances, and to carry out special sanitary supervision or instruction in hygiene in clinics or in the homes throughout the county in cooperation with local persons or organizations.

Requirements—

Candidates must be graduates of some recognized training school for nurses and be registered in some State of the Union. Candidates are desired to have had at least two years' experience in tuberculosis nursing, at least one of which must have been in country work. A knowledge of organizations in rural districts and organizing ability are essential. Candidates must be able to drive an automobile and be in sound health.

PUBLIC HEALTH NURSE

Open Competitive Examination

Friday, December 12, 1924, 8.30 a.m.

Room 1007, Hall of Records, L. A., Cal.

The Commission desires an eligible list from which appointments may be made as necessary.

Salary—

Beginning at $125 per month; advance after one year to $130 per month; further advance after two years to $135 per month, only by order of the Board of Supervisors for thoroughly satisfactory service.

Duties—

Under direction of the County Health Officer, to investigate the sources of contagious diseases of children, to assist in the education of the public in the control of preventable diseases, particularly of women and children, and to give needed advice and emergency treatment as directed.

Requirements—

Candidates must be graduate nurses, at least 21 years of age, in sound health, and hold a certificate of Public Health nursing from the State Board of Health. A fair knowledge of the problems of contagious diseases, child hygiene, school hygiene and the relation of social conditions to disease, is desired, but the candidate must possess a capacity and aptitude for such work and be ambitious to become proficient in the same. Some initiative, teaching ability and power of independent judgment are vital qualifications for this position.

Scope of Examination

	Relative weights
1. Written Examination	5
2. Education, Experience and General Qualifications, verified by interview and references	5
Total	10

General Note: Candidates in any of the above examinations who fail to receive a rating of at least 70 per cent in education, experience and general qualifications will be considered as having failed in such entire examination.

In determining the rating for "experience," etc., consideration is given to the quality and character of experience and the qualifying benefits gained therefrom, as well as to the length or quantity of the same.

MORBIDITY.*

Diphtheria.

170 cases of diphtheria have been reported, as follows: Los Angeles 51, San Francisco 20, Turlock 8, Santa Clara County 7, Oakland 13, Watsonville 1, Napa 1, San Diego 4, Fullerton 1, Sacramento 3, Alameda 1, Hayward 2, Santa Cruz 1, Fillmore 1, Monterey Park 1, Sunnyvale 1, Fresno County 1, Salinas 2,

*From reports received on November 17th and 18th for week ending November 15th.

Digitized by Google

Santa Barbara 3, Monterey County 2, Orange County 1, San Diego County 2, Ontario 2, Berkeley 2, Stockton 2, Stanislaus County 3, San Mateo County 4, Los Angeles County 2, Hermosa Beach 2, El Segundo 1, Whittier 4, Glendora 1, Fresno 1, Palo Alto 2, Tulare County 2, Alameda County 2, Bakersfield 4, Merced 1, Pasadena 2, Long Beach 4, Imperial County 1, Colton 1.

Scarlet Fever.

101 cases of scarlet fever have been reported, as follows: Los Angeles 16, San Francisco 11, Orange County 5, San Diego 8, Stockton 5, Los Angeles County 7, Fresno County 8, Watsonville 1, Riverside 3, Santa Barbara 2, Huntington Beach 4, Santa Paula 1, Los Gatos 1, Yuba County 1, Pasadena 1, San Diego County 1, Santa Ana 3, Tulare County 2, Long Beach 2, Santa Barbara County 1, Kern County 1, Alameda County 4, Fresno 1, Sacramento 2, San Gabriel 1, Santa Clara County 3, Bakersfield 1, Oakland 2, Selma 1, Yuba County 1, Hanford 1.

Measles.

24 cases of measles have been reported, as follows: Los Angeles 9, San Fernando 5, San Diego 1, Alameda 1, San Joaquin County 3, Watsonville 1, Palo Alto 1, Los Angeles County 1, Alameda County 2.

Smallpox.

99 cases of smallpox have been reported, as follows: Los Angeles 29, Los Angeles County 25, Sacramento 10, Fresno County 5, Ontario 6, Long Beach 2, Redondo Beach 2, Tulare County 2, Fresno 2, Beverly Hills 1, Santa Clara County 1, San Francisco 2, La Me 1, Bakersfield 1, Chico 1, Imperial County Huntington Beach 1, Watts 3, Pasadena Yuba City 1, Oakland 1, Claremont 1.

Typhoid Fever.

9 cases of typhoid fever have been reporte as follows: Sierra Madre 1, Ontario 1, L Angeles 2, Los Angeles County 2, Riversi 1, Stanislaus County 1, California 1.

Whooping Cough.

65 cases of whooping cough have been r ported, as follows: Los Angeles 15, L Angeles County 10, San Diego 7, San Dieg County 6, Monterey County 5, Sutter Coun 7, San Francisco 3, Santa Paula 4, Beverl Hills 1, Berkeley 3, Monrovia 1, Pasadena Oakland 1.

Cerebrospinal Meningitis.

Los Angeles reported one case of cerebr spinal meningitis.

Poliomyelitis.

9 cases of poliomyelitis have been reporte as follows: Santa Clara County 1, Long Beac 1, Los Angeles 1, La Mesa 1, Alameda 1, L Angeles County 1, Visalia 1, Oakland 2.

Typhus Fever.

Los Angeles reported 2 cases of typhu fever.

Plague.

Two new cases of plague have occurred, Los Angeles and vicinity, making a total 38 cases, including 33 deaths, to date.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 15 received by Nov. 18	Week ending			Report for wee ending Nov. 1 receive by Nov. 2
	Oct. 25	Nov. 1	Nov. 8		Oct. 27	Nov. 3	Nov. 10	
Anthrax	0	0	0	0	0	0	1	
Botulism	0	0	0	0	0	0	0	
Cerebrospinal Meningitis	2	4	3	1	2	5	4	
Chickenpox	132	180	244	186	61	60	91	17
Diphtheria	207	148	215	170	229	228	250	28
Dysentery (Bacillary)	1	0	0	1	3	6	0	
Epidemic Encephalitis	2	3	6	0	1	2	3	
Gonorrhoea	77	257	102	73	86	133	128	7
Influenza	17	14	15	13	12	14	23	2
Leprosy	1	0	0	1	0	0	0	
Malaria	0	1	1	2	7	3	4	
Measles	34	20	35	24	221	314	316	23
Mumps	73	54	64	62	15	31	14	1
Pneumonia	31	55	64	38	43	46	44	6
Poliomyelitis	10	17	10	9	21	9	8	1
Scarlet Fever	115	100	138	101	133	158	179	17
Smallpox	70	72	107	99	51	74	88	8
Syphilis	103	145	68	165	96	122	174	10
Tuberculosis	162	205	136	137	194	141	229	11
Typhoid Fever	22	19	27	9	25	25	19	1
Typhus Fever	0	0	2	2	0	0	4	
Whooping Cough	79	82	76	65	27	28	57	2
Totals	1138	1376	1313	1158	1227	1399	1636	143

CALIFORNIA STATE PRINTING OFFICE

O

33113 11-24 8750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 42 NOVEMBER 29, 1924 GUY P. JONES EDITOR

Court Upholds Camp Sanitation Ordinance.

(Miller vs. Quigg, Chief of Police (Fla.), 100 So. R. 270.)

The Supreme Court of Florida, Division A, says that an ordinance of the city of Miami defines a "tent city" to mean "any structure or inclosure, the roof of which is of silk, cotton, canvas or light material, and which is used by one or more people as a human habitation," and "tent cities," to mean, "any lot or site on which are located two or more tents." The ordinance then provides that no tent or tent city shall be erected or maintained without a permit from the department of public welfare. Another section provides that tents or tent cities which are located on a street in which there is a public sewer shall be provided with water-closets which must be connected with such public sewer. In such cases there shall be one water-closet for each sex in the ratio of one for each sex for each five tents or portions thereof, and, in addition thereto, one slop sink for each five tents or portions thereof. In case a tent or tent city shall be located on a street in which there is no public sewer, dry toilets of a prescribed character must be provided, one dry toilet for every two tents. No tent shall be located more than 100 feet from the water-closet or dry toilet which serves such tent.

Petitioner Miller was found guilty of violating the ordinance by maintaining a tent city in the city of Miami without a permit to do so from the department of public welfare; by failing and refusing to provide a water-closet for each sex in the ratio of one for each sex for each five tents, and by failure to provide slop sinks for each five tents. He was sentenced to pay a fine of $100 or serve fifty days in jail. Failing to pay the fine, he was confined in the city jail, and sued out a writ of habeas corpus, but was not released thereon, judgment being for the defendant, which judgment is affirmed.

The petitioner contended that the city of Miami had no authority to pass the ordinance in question; but the supreme court holds that there was ample authority to enact the ordinance in the provisions of the charter of the city empowering it "to do all things whatsoever necessary or expedient for promoting or maintaining the general * * * health * * * of the city or its inhabitants," and "to provide for the preservation of the public health of the inhabitants of the city, make regulations to secure the same." During the winter or tourist season large numbers of persons flock to Florida, many of whom live in tents in localities known as tent cities, camping grounds, tourist camps, etc. A large number of people living in proximity in tents, without sanitary regulations, is very apt to produce sickness, and it was to promote and preserve the public health that the ordinance in question was enacted. It is a reasonable and valid exercise of the city's power to preserve and promote the public health.

You hoard not health for your own private use,
But on the public spend the rich produce.
—Dryden.

Digitized by Google

Use of Common Towel is Unlawful.

RADIO TALK.

Radiocasted from Station KGO, Oakland, November 24, 1924.

If your barber uses the same towel on your face that he used upon the patron who occupied the chair before you, he is violating a California law. This statute says "No person, firm or corporation conducting, operating, having charge of, or control of, any hotel, restaurant, factory, store, barber shop, office building, school, public hall, railroad train, railway station, boat, or any other public place, room or conveyance, shall maintain or keep in or about any such place any towel for common use." The term "common use," when applied to a towel, means according to the law, "its use by, or for, more than one person without its being laundered by a process involving exposure to boiling water or steam between consecutive uses of such towel."

Since this law went into effect in California, in 1917, common towels have almost disappeared from public places. Even in the country hotels, where roller towels, of seemingly endless length, formerly rolled on and on unceasingly, the traveler will now find separate and individual towels for each guest. Common towels are no longer found upon trains or boats and it is very seldom that they are ever found in any public places.

A few barbers, however, do not observe this law. Since every patron is entitled to a clean towel, it should be provided. Whenever a customer finds a barber applying a soiled towel to his face he should call attention to the violation of the law. If this does not bring results, the local health officer should be informed of the violation.

The reason for the banishment of the common towel lies in the fact that such a towel plays a part in the transmission of many infections, chiefly those that affect the skin. Barbers' itch, smallpox, pink-eye and trachoma, as well as many other serious diseases, have been contracted in this way.

Now that bobbed hair is popular and women, as well as men, patronize barber shops, perhaps more attention will be paid by barbers to the observance of this law. It is true that women are not subject to as great danger as men, through the use of a common barbers' towel, for their faces, fortunately, seldom need to be shaved, and so they are not subjected to the health menace that lies in the use of a soiled towel on a freshly shaved face. In spite of this fact, they are entitled to have only clean towels used upon their persons and if a common towel is used they should make vigorous protest and complaint to the local health officer, if the law violation is not stopped.

Plague Situation Clears in Los Angeles.

The quarantine imposed upon the Mexican quarter of Los Angeles has been lifted and the emergency conditions are now entirely disappeared, in so far as human cases of plague are concerned. Infected rats have been found in Los Angeles and the campaign for the eradication of rodents has only begun. A persistent and continual warfare against rodents is a matter of necessity if the disease is to be brought under control. Steps have been taken for conducting such a campaign and the work has been started under a clear and definite plan of organization.

Sanitary Engineering Bureau Reports Progress.

There are in California approximately 1300 sanitary engineering works needing state supervision. Three hundred communities have sewer systems. About 620 communities have public water works. There are 165 sewage treatment works and about 100 water treatment works in which the operation factor is all-important and which therefore need constant follow-up inspection. There are about 120 towns and cities whose sewage disposal is in a bad state and in need of improvement. There are 376 swimming pools. The investment represented by these sanitary works over which the Bureau of Sanitary Engineering, with but three engineers, is intended to maintain supervision is close to $500,000,000. Under the provisions of the law, 742 applications for permit have been filed with the State Board of Health. During this biennium there have been 109 permits granted representing works having an investment of approximately $22,000,000.

Nineteen new sewage treatment works were placed in operation during the biennium. In addition to the communities having sanitary works at the present time there are in round numbers 300 small places having a population of 200 or more but which have yet not incorporated. The sanitary conditions, however, and need of promoting sanitary works in them is great. They will progressively need sewers. Every town in the state,

Digitized by Google

and even some of the smaller places, has a garbage problem. There are fully 500 of these places. The Bureau of Sanitary Engineering maintains no supervision over garbage disposal.

Eleven sanitary districts and four sanitation districts were formed during the biennium. These district procedures have become suddenly popular and simply stress the growing demand for sanitation.

During the biennium the staff of three engineers has performed 2764 pieces of sanitary engineering work, exclusive of laboratory work, and has reported or made record of what was done. The laboratory, which during the last year consisted of but one man, made 27,491 analyses on 6795 samples, mostly water. About 12,000 communications were dispatched on sanitary engineering matters. This, in brief, gives an idea of the accomplishments and great need of continued support of the bureau. It must be apparent that adequate support of the bureau is probably impossible of provision, but as great increase as funds permit is imperative.

The duties of the bureau since 1915 have been increased by the enactment of a law governing the sanitation of swimming pools and a law to protect against pollution of shell fish layings and by a tremendous increase in the demand for its services by the public, particularly in the field of better sewage disposal. Its duties and functions are clearly defined, however, and are of a purely sanitary engineering nature, overlapping none of the functions of other state departments or bureaus of the board itself.

Child Health Demonstration in Marion County, Oregon.

Marion County, Oregon, of which Salem is the county seat, has been selected as the field of the Far Western Demonstration, the fourth in the Commonwealth Fund Child Health demonstration program. The selection was made by the Child Health Demonstration Committee, only after careful weighing of applications from more than thirty cities and counties in the eleven Pacific coast and Rocky Mountain states which made application to the committee. Study of these applications and of the whole western health situation began in March, and continued to the present time, the committee considering not only the degree of need of child health work in the different local communities, but also the conditions and resources of each applicant community as a demonstration and educational center which should influence a wider territory.

The selection of Marion County assures the interest and cooperation of the state and county health and education leaders. Its population, estimated at 55,000 in 1924, is 90 per cent American born. It is essentially rural—Salem, the state capital, having a population of 25,000. The county's varied crops—berries, nuts, hops, flax—and its developing dairying and canning interests indicate a greater variety and stability of resources than in a one-crop or one-industry community.

These industries present also perplexing child health problems incident to a chronic migratory labor population, and common to a large area of the Far West. This group is variously estimated, in Marion County, at from three to ten thousand. An attempt will be made to work out a practical plan for their health and educational needs.

At the end of the rainbow of the public health activities lies the pot of gold of long life and good living. Wise is he who will seek this golden treasure. It should be continually sought after, from the bloom of youth till we reach "the sere and yellow leaf." The seeking of this golden bowl of health will be worth more to each individual than the wealth of Croesus—for without health, wealth is vain indeed.

Diseases crucify the soul of man.—Burton.

MORBIDITY.*

Diphtheria.

163 cases of diphtheria have been reported, as follows: Los Angeles 45, Oakland 16, San Francisco 14, Visalia 5, Berkeley 5, Los Angeles County 12, Stanislaus County 5, Long Beach 3, Madera County 1, San Mateo County 3, San Jose 2, Glendale 1, Stockton 1, San Joaquin County 1, Pasadena 2, Compton 2, Santa Clara County 2, Sonoma County 2, Willits 1, San Mateo 3, Rialto 1, Alameda 2, San Diego County 1, San Bernardino County 2, San Diego 3, Huntington Park 3, Bakersfield 1, Orange 1, Orange County 1, Santa Cruz County 1, Contra Costa County 1, Richmond 2, Turlock 2, Los Banos 1, Sacramento 4, Monterey County 2, Watsonville 1, Lassen County 2, Kern County 1, Alameda County 3, Corona 1, Santa Barbara 1.

Measles.

35 cases of measles have been reported, as follows: Los Angeles 20, Los Angeles County 5, San Diego 2, Pasadena 3, Sonoma County 1, Oakland 1, Calaveras County 1, San Francisco 1, Santa Barbara County 1.

Scarlet Fever.

131 cases of scarlet fever have been reported, as follows: San Francisco 24, Los

*From reports received on November 24th and 25th for week ending November 22d.

Digitized by Google

Angeles 20, Fresno County 10, Santa Clara County 7, San Jose 5, Los Angeles County 7, Oakland 5, Torrance 2, Whittier 1, San Diego 4, Alameda 3, Fresno 1, San Joaquin County 2, Oakland 1, Alameda County 4, Stockton 2, Berkeley 2, Pasadena 1, Merced County 1, Orange County 2, Santa Ana 4, Stanislaus County 1, Redwood City 1, Huntington Beach 1, Pomona 4, El Monte 1, Riverside 1, Chico 1, San Bernardino County 3, Long Beach 2, Lodi 1, Yuba County 1, South San Francisco 1, Kern, County 1, Santa Monica 1, Brawley 1, Santa Barbara 2.

Smallpox.

95 cases of smallpox have been reported, as follows: Los Angeles 41, Los Angeles County 19, Fresno County 6, Fresno 5, Lassen County 5, Oakland 3, Modoc County 1, San Bernardino County 2, Pomona 1, Plumas County 1, Colton 2, Sacramento 2, Anaheim 1, San Diego 2, Compton 1, Whittier 1, Santa Monica 1, Kern County 1.

Typhoid Fever.

81 cases of typhoid fever have been reported, as follows: Stockton 55, Los Angeles 5, Los Angeles County 1, Selma 1, Fresno County 2, San Joaquin County 3, Riverside 4, San Francisco 2, San Diego 2, Stockton 1, Riverside County 1, Santa Monica 1, Venice 1, California 2.

Whooping Cough.

91 cases of whooping cough have been reported, as follows: Los Angeles 25, Montebello 6, San Francisco 15, Berkeley 7, Long Beach 7, Maywood 2, Pasadena 1, Pomona 1, Whittier 2, Huntington Park 1, Oakland 2, San Diego 3, Madera County 4, Fresno County 1, Merced County 1, Orange County 2, Los Angeles County 3, San Diego County 3, Monterey County 1, San Bernardino 1, Riverside County 3.

Cerebrospinal Meningitis.

Two cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 1, San Diego County 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Oakland 3, Contra Costa County 1, San Francisco 1, Los Angeles 1, Santa Monica 1.

Epidemic Encephalitis.

4 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, San Diego 1, Berkeley 1, Orland 1.

Typhus Fever.

3 cases of typhus fever have been reported, as follows: Los Angeles 2, Manhattan Beach 1.

Anthrax.

Kern County reported one case of anthrax.

Plague.

One additional case of bubonic plague has been reported this week in Los Angeles County. This case terminated fatally.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 22 received by Nov. 25	Week ending			Reports for week ending Nov. 24 received by Nov. 27
	Nov. 1	Nov. 8	Nov. 15		Nov. 3	Nov. 10	Nov. 27	
Anthrax	0	0	0	1	0	1	1	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	4	3	1	2	5	4	4	4
Chickenpox	180	244	201	243	60	91	194	113
Diphtheria	148	215	188	163	228	250	321	338
Dysentery (Bacillary)	0	0	10	0	6	0	5	0
Epidemic Encephalitis	3	6	1	4	2	3	4	2
Gonorrhoea	257	102	75	72	133	128	83	150
Influenza	14	15	13	29	14	23	24	28
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	1	2	0	3	4	2	3
Measles	20	35	24	35	314	316	265	286
Mumps	54	64	66	105	31	14	22	27
Pneumonia	55	64	114	54	46	44	82	55
Poliomyelitis	17	10	10	7	9	8	11	9
Scarlet Fever	100	138	113	131	158	179	198	223
Smallpox	72	107	100	95	74	88	92	82
Syphilis	145	68	166	131	122	174	112	89
Tuberculosis	205	136	179	116	141	229	134	175
Typhoid Fever	19	27	24	81	25	19	26	25
Typhus Fever	0	2	2	3	0	4	2	0
Whooping Cough	82	76	74	91	28	57	35	23
Totals	1376	1313	1363	1363	1399	1636	1617	1632

CALIFORNIA STATE PRINTING OFFICE

O

33113 11-29 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 43 DECEMBER 6, 1924 GUY P. JONES EDITOR

Diphtheria and Scarlet Fever Are Too Prevalent.

Diphtheria has been increasing in prevalence throughout the United States during recent years, and in California the increase during the last biennial period is conspicuous. There were 18,241 cases reported as against 15,249 cases reported during the preceding biennial period. More than one-half of the cases reported in California each year are in the large centers of population. Although diphtheria is prevalent to a considerable extent in the rural districts of the state, it is essentially a city disease. The added opportunity for contact in closely crowded centers of population is undoubtedly the chief factor in promoting the increased prevalence in urban centers.

The increased prevalence of diphtheria is by no means confined to California. Nearly every state shows similar increases. There are four reasons for this general increase that may be readily explained. First, failure of parents to regard a sore throat as serious. Second, failure to secure efficient medical advice promptly. Third, failure upon the part of the physician to administer antitoxin, in all cases that may be suspicious of diphtheria, within twenty-four hours after the onset of the disease. Fourth, treatment of cases of diphtheria by individuals who are incompetent. It is only during the past two years that immunization against diphtheria has been put into more extended use. In New York state, where the bulk of this work of immunization has been accomplished, outstanding results have been secured. There were 27,029 cases of diphtheria in New York in 1921 against 15,048 cases in 1923. This remarkable reduction in the prevalence of diphtheria in New York state is due to the extensive immunization of children by means of toxin antitoxin. This procedure, simple, harmless, and certain, is responsible for the tremendous reduction in the prevalence of the disease. Fortunately, California communities are beginning to take advantage of the tremendous boons that this procedure offers. In most of the smaller communities in the San Francisco Bay region, during the past two years, a large majority of children have been immunized. In many towns of the San Joaquin Valley, and in southern California, immunization campaigns have also been conducted, as well as in a few communities of the north coast district. With the extension of immunization, it is certain that as great results in the reduction of the prevalence of diphtheria can be obtained in California as have been secured in New York state, as well as in other states in the Union.

Comparing the prevalence of diphtheria in the United States with that of other countries, it is interesting to note that the disease was almost four times as prevalent in the United States as in England and Wales, and more cases were reported in England and Wales than in any other European country with the exception of Russia. In 1923 there were 144,124 cases in the United States, 40,009 in England and Wales, and 47,770 cases in Russia. Germany had 31,942 cases, France 11,033, Italy 10,922. Other European countries show a decreased preva-

Digitized by Google

lence. The reason for the large number of cases in the United States is inexplainable. From Wisconsin westward to the Pacific coast, including most of the Rocky Mountains and Coast region, the increase was higher than in any other part of the country. One of the big pieces of work that faces every health officer in the state lies in convincing the people of his community that immunization against diphtheria is reliable and productive of certain results; and in providing machinery for accomplishing the immunization of all children in his district.

Scarlet fever showed an increase during the last biennial period. There were 13,442 cases reported during the last two years as against 9674 cases reported during the two years preceding. Similar increases may be noted in other states. On the other hand, many states have shown marked decreases in the prevalence of this disease during the last two years. The reasons for the increased prevalence of this disease in California are not known. Lax control of cases, failure to observe regulations for quarantine, missed cases, and similar factors undoubtedly have a great deal to do with this increase. Scarlet fever is a serious disease, particularly because of the tremendous toll it exacts in adult life. If every case of scarlet fever could be prevented, a very considerable number of serious illnesses of adult life could be conspicuously reduced. Health authorities are justified in adopting and enforcing most stringent measures for the control of this disease. The recent development of an immunity test for scarlet fever, as well as a means by which individuals can be immunized against the disease, gives promise of placing scarlet fever among those diseases that can be definitely and surely placed under control. With smallpox, diphtheria, scarlet fever and typhoid fever made absolutely preventable, a large amount of suffering among children and adults, as well as many deaths, can be absolutely prevented.

Bid them wash their faces
And keep their teeth clean.
—Shakespeare, in Coriolanus.

Heredity is only the sum of all past environment; in other words, environment is the architect of heredity.—Luther Burbank.

Physiological experiment on animals is justifiable for real investigation, but not for mere damnable and detestable curiosity.—Darwin.

Don't Run Your Motor in a Closed Garage.

RADIO TALK.

Broadcasted from Station KGO, Oakland, California, November 3, 1924.

It is dangerous to run the engine of any automobile in a closed garage. If it is necessary to run a gasoline engine inside of any building care should be taken to first open wide the doors and windows. The exhaust from an automobile engine, whether it be a "flivver" or a Rolls-Royce, contains carbon monoxide, the same gas that makes common illuminating gas so deadly. No matter how small the engine may be, the danger of inhaling this poisonous gas in the exhaust is very great, if it is permitted to escape in a closed garage.

Every year during the late fall and winter, particularly with the beginning of cool weather, many deaths occur from this cause. If your motor needs tuning up, be sure the garage doors and windows are open, if you work inside. Even if you intend to work with the engine running for only a few minutes, be sure that the doors and windows are open.

The attack of carbon monoxide poisoning comes on so stealthily that its victim is unaware of the danger. Consciousness is gradually lost and even if he does come to realize his danger, he is often unable to escape because of his physical inability to reach the door.

The United States Public Health Service reports that tests of the exhaust of a small 23-horsepower automobile engine showed that it discharged approximately 25 cubic feet of gas per minute, samples of which gave an average of 6 per cent carbon monoxide, or one and one-half cubic feet of deadly carbon monoxide gas per minute. Of course, larger engines will give off a large quantity. A ratio of 15 parts carbon monoxide to 10,000 parts of air is considered a dangerous mixture to be exposed to for any considerable length of time. The small 23-horsepower engine, in "warming up," and giving off only one cubic foot of carbon monoxide per minute, would contaminate the air of a small closed garage, 10 x 10 x 20 feet, to the danger point in about three minutes.

Carbon monoxide is a colorless, tasteless and almost odorless gas. Its poisonous action depends upon the fact that it has a much greater affinity for the hemoglobin of the blood than has oxygen, hemoglobin attracting carbon monoxide about three hundred times more strongly than it does oxygen. In combining with

Digitized by Google

carbon monoxide the hemoglobin of the red blood corpuscles is prevented from giving up its oxygen to the body tissues, and death results from paralysis of the breathing apparatus.

This warning against running gasoline motors in closed garages is issued every year at this time by all public health departments. In spite of this fact many deaths from this cause occur in this country every winter. The precautions to be taken are so simple that they are often overlooked. It is better to open garage doors and windows first, then start the motor.

Russia and the United States Lead the World in Smallpox.

RADIO TALK.

Radiocast from KGO, Oakland, December 1, 1924.

Smallpox was almost as prevalent last year in the United States as it was in Russia, where there were more than 31,000 cases. In our own "land of the free and home of the brave" there were almost 30,000 cases reported during the same period. There were but 2500 cases in England and Wales, and in Switzerland the records show that only a few more than 2000 cases occurred during the same year. Those countries reporting the fewest number of cases during 1923 are Germany with but 17 cases, France with 195 cases, and Italy with 253 cases.

The only reason that Russia and the United States suffered so greatly from smallpox last year is because the majority of the residents of these countries failed to be vaccinated against the disease. Wherever people are vaccinated smallpox is held completely in check. Wherever people are not vaccinated smallpox, at some time or other, is certain to leap out of bounds.

Most of the cases of this disease, during the past decade, have been of very mild form, but during the past two or three years the extremely severe killing type of smallpox has appeared in many places throughout the United States. Cases have been seen recently in which death occurred three days after the beginning of illness.

This radio talk is not designed to produce a scare. It is intended to enlighten, not to frighten. The true facts of the matter is that the people of the United States must resort more generally to vaccination against smallpox if there is to be any marked reduction in the number of cases of this disease, which is now appearing in its most severe and virulent form.

This is a free country and no one can be compelled to be vaccinated. Whether one secures this protection to his personal health and to the health of his countrymen depends entirely upon his exercise of good sense, careful judgment and prompt action. The United States will continue to be in the same class with Russia, as regards the control of smallpox, until such time as we Americans, as individuals, consent to vaccination. Health officers, when outbreaks occur, have authority to quarantine all exposed persons who refuse to be vaccinated. Such action may help to check the immediate spread of an epidemic, but it is of little value in reducing the coundry-wide prevalence of the disease. As a matter of patriotism, alone, every resident of the United States should be sure that he is successfully vaccinated against smallpox.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

MORBIDITY.*

Diphtheria.

193 cases of diphtheria have been reported, as follows: Los Angeles 61, San Francisco 20, Oakland 12, Pasadena 5, Berkeley 5, Sac-

*From reports received on December 1st and 2d for week ending November 29th.

Digitized by Google

ramento 5, Los Angeles County 5, Fresno 2, San Jose 2, Contra Costa County 1, Sacramento County 2, Alturas 1, Oroville 1, Glendale 4, Long Beach 2, Salinas 2, Stockton 2, Alameda 4, San Diego County 2, South San Francisco 1, San Leandro 3, Alhambra 1, Montebello 2, Los Gatos 1, San Diego 4, Alameda County 2, Visalia 1, Monterey County 2, Modesto 1, Watsonville 1, Whittier 3, Humboldt County 3, San Bernardino 1, Merced County 2, Stanislaus County 4, Butte County 2, Antioch 3, Fresno County 4, Orange 1, Monrovia 1, Chula Vista 1, Hermosa Beach 1, San Fernando 2, El Segundo 3, Hawthorne 2, Sanger 1, Kern County 1, Pacific Grove 1.

Scarlet Fever.

144 cases of scarlet fever have been reported, as follows: Los Angeles 31, San Francisco 8, Alameda County 5, Gilroy 5, San Jose 6, San Diego 5, Fresno County 5, Santa Clara County 8, Torrance 2, Alhambra 1, Pomona 4, San Bernardino 1, Redwood City 2, San Fernando 1, Stanislaus County 1, Nevada City 2, Oakland 2, Colusa 1, Lynwood 4, Burlingame 1, Bakersfield 1, Riverside 3, Madera County 1, San Diego County 4, Redlands 1, Alameda 3, Tulare County 1, South San Francisco 2, Santa Paula 2, Orange County 1, Manteca 1, Modesto 1, Ventura County 1, Salinas 3, Richmond 1, San Leandro 1, Long Beach 2, Stockton 2, Fresno 2, Red Bluff 1, Santa Ana 1, Sacramento 3, Monterey County 3, Merced County 1, Sanger 2, Kern County 4, Eureka 1.

Measles.

24 cases of measles have been reported, as follows: Los Angeles 8, San Diego 1, San Francisco 2, El Monte 3, San Bernardino County 3, Palo Alto 1, Los Angeles County 2, Alameda 1, Oakland 1, Alhambra 2.

Smallpox.

73 cases of smallpox have been reported, as follows: Los Angeles 34, Gridley 11, Sutter County 5, Sacramento 5, Sacramento County 2, Los Angeles County 3, Redlands 1, Fresno County 1, Fresno 4, Bakersfield 1, San Francisco 2, Kern County 1, Eureka 3.

Typhoid Fever.

21 cases of typhoid fever have been reported, as follows: Stockton 10, Santa Maria 1, Ontario 1, Oakland 1, San Francisco 1, Modesto 1, Los Angeles 1, Mendocino County 1, San Fernando 2, Santa Clara County 1, California 1.

Whooping Cough.

64 cases of whooping cough have been reported, as follows: Los Angeles 14, Whittier 7, Los Angeles County 9, Oakland 6, San Diego 7, Glendale 5, San Francisco 5, Monterey County 1, Colusa 1, Santa Clara County 2, Oakland 1, Berkeley 2, Long Beach 1, Madera County 2, Chowchilla 1.

Epidemic Meningitis.

3 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, Glendale 1, Fresno 1.

Leprosy.

San Francisco reported one case of leprosy.

Poliomyelitis.

12 cases of poliomyelitis have been reported, as follows: Contra Costa County 5, San Francisco 3, Alameda 2, Berkeley 1, Benicia 1.

Epidemic Encephalitis.

4 cases of epidemic encephalitis have been reported, as follows: Glendale 1, Los Angeles 3.

Plague.

No additional cases have been reported.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 29 received by Dec. 2	Week ending			Reports for week ending Dec. 1 received by Dec. 4
	Nov. 8	Nov. 15	Nov. 22		Nov. 10	Nov. 17	Nov. 24	
Anthrax	0	0	1	0	1	1	0	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	2	3	4	4	5	2
Chickenpox	244	201	264	198	91	194	125	117
Diphtheria	215	188	171	193	250	321	356	279
Dysentery (Bacillary)	0	10	0	0	0	5	0	0
Epidemic Encephalitis	6	1	4	4	3	4	2	0
Gonorrhoea	102	75	73	97	128	83	161	90
Influenza	15	13	26	23	23	24	30	26
Leprosy	0	0	0	1	0	0	0	0
Malaria	1	2	0	0	4	2	4	1
Measles	35	24	35	24	316	265	315	276
Mumps	64	66	107	75	14	22	27	21
Pneumonia	64	114	55	52	44	82	56	48
Poliomyelitis	10	10	7	12	8	11	9	10
Scarlet Fever	138	113	137	144	179	198	255	214
Smallpox	107	100	98	73	88	92	83	106
Syphilis	68	166	132	99	174	112	94	135
Tuberculosis	136	179	118	200	229	134	199	97
Typhoid Fever	27	24	81	21	19	26	29	26
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	76	74	100	64	57	35	27	14
Totals	1311	1361	1411	1283	1632	1615	1777	1462

CALIFORNIA STATE PRINTING OFFICE

33133 11-24 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 44 DECEMBER 13, 1924 GUY P. JONES EDITOR

THE NEWER DEVELOPMENTS IN THE CONTROL OF SCARLET FEVER.*

By W. H. KELLOGG, M.D., Director State Hygienic Laboratory.

The recent announcement of Doctors G. F. and Gladys H. Dick of Chicago of the culmination of a long series of investigations in the perfection of a test for scarlet fever immunity and specific means for immunization against and cure of this disease has excited a great interest in the ranks of the medical profession and of health workers generally. We have so few specific preventive measures and scarlet fever is such an important communicable disease that we welcome the means for controlling it which are apparently now placed in our hands.

Scarlet fever ranks very high not only as a cause of death among the communicable diseases of childhood, but it is still more to be feared on account of the damage which it inflicts upon various organs and tissues of the body resulting in disability in later life.

The work of the Doctors Dick has extended over a number of years and they have not been the only ones engaged in this field of research. It has long been suspected that some form of streptococcus was the cause of scarlet fever as it is nearly always present in the throats of the victims of this infection. Experimental work in the hands of many investigators has been disappointing and from time to time many different organisms have been put forward as the microbial cause. One of the stumbling blocks in the way of solution of this problem has been the resistance of the lower animals to the infection and the difficulty of determining whether or not an infection has taken place owing to the different clinical manifestations as compared with the disease in man. The Dicks' early experiments demonstrated this and showed the necessity of experimentation upon the human subject and for this purpose they secured volunteers who submitted themselves to experimental inoculation with materials in various forms from scarlet fever cases. On several occasions when cultures of streptococci were used some evidence of infection as manifested by a sore throat occurred, but the absence of a definite rash made the condition doubtful. One great difficulty was to be sure that the volunteers were immune to scarlet fever and the history with many persons is rather doubtful. Finally, from a group of persons selected with a view of obtaining a high average of intelligence and greater dependence upon their previous scarlet fever history, results were obtained with a streptococcus culture obtained from a lesion on the finger of a nurse recently recovered from scarlet fever. Filtrates of this culture were inoculated with no result, showing either that the organism was not a filtrable virus associated with the streptococcus or that it was not present. A later test made with the same group of persons,

*Read at Sixteenth Annual Conference of California Health Officers, Monterey, October 10, 1924.

Digitized by Google

using the culture from which the filtrate was made, gave a very definite result in one individual who developed clinical scarlet fever in 48 hours. This showed that the streptococcus and not some associated filtrable virus was the cause of the infection and it was also evident that the rash of scarlet fever is produced not by the organism in the skin but by the absorption of some toxic substance from the localized site of infection.

This places scarlet fever in the same class with diphtheria, so far as the general mechanism of the infection is concerned. The causative organism is localized in the throat, produces a toxin which is absorbed and gives rise to the symptoms of the disease. It had previously been thought that the scarlet fever streptococcus did not produce a toxin in cultures and the demonstration of such toxin was evidently interfered with by the lack of susceptibility of the experimental animals. The Dicks proved the presence of a toxin in the condensation water of blood agar tubes by innoculating small quantities of this material after filtration into the skin in the same way that the Schick test is performed. They found in a series of these tests that 42 per cent of persons with no previous history gave a positive reaction, leaving quite a large percentage who gave no reaction which was interpreted as immunity. This has been since verified by a number of observers and it is now generally accepted that the Dick test, which is the intracutaneous injection of a small quantity of the toxin, is an index of immunity or susceptibility to scarlet fever exactly as is the Schick test for diphtheria. Convalescing cases of scarlet fever uniformly gave negative results and in six cases that were tests both before and after their attack of scarlet fever it was noted that all six gave a positive reaction before and a negative reaction after. This pointed very definitely toward the development of an antitoxic immunity following the infection. The Doctors Dick have demonstrated also that persons can be immunized by the toxin when given in doses of from three or four hundred to one thousand times the skin test dose. These immunizing injections are given in a series of three, a week apart, as when immunizing with toxin-antitoxin against diphtheria is practiced. The immunity following recovery from scarlet fever is evidently an antitoxic immunity and the next development will be the use of an antitoxic serum for the treatment of cases. Such a serum has already been prepared both by the Dicks and by Dochez of the Rockefeller Institute.

The Dicks report that one group of 125 persons, which included 52 children that were exposed to scarlet fever, were tested and 62 gave positive reactions. Of these 62 ten were already showing symptoms and they were given immune serum from recovered cases as a measure of passive immunization. The balance of the positive group were immunized with toxin and no cases of scarlet fever resulted in this group.

We may look forward to the rapid development of control measures in scarlet fever based upon these discoveries and it only awaits further confirmation of the work of the Doctors Dick and Dochez and others and the preparation of dependable materials by the biologic laboratories for the universal adoption of the same procedure in scarlet fever that we are now carrying out in diphtheria. While we all enthusiastically look forward to the immediate adoption of the skin test for susceptibility and the immunization with toxin as put forward by the Dicks, we must not take any chances of jeopardizing the future of this work and of the control of diphtheria also by rushing the matter unduly. It is necessary that considerable work be done under carefully controlled conditions and full information obtained regarding the incidence of reactions from the administration of the toxin before it is generally adopted. A number of persons, including the writer of this article, have been supplied by the Doctors Dick with a supply of the toxin for purposes of carrying out this preliminary work of investigation and until more information is available we can not promise to undertake any very extensive campaigns of immunization at the present. We can at this time, I think, say very definitely that everything points toward the absolute correctness of the work and conclusions of the Doctors Dick and that we are now in possession of a means for detecting susceptible individuals and for immunizing them against scarlet fever. We will shortly have a serum for the curing of cases and it is not believed that there will be any more objection to the immunizing of children with this toxin than there is with the toxin-antitoxin for diphtheria.

Ring out old shapes of foul disease.—Tennyson.

It's better to be inspected when suspected than to be dissected when infected.—Hygeia.

If a man defile the temple of God, him shall God destroy. For the temple of God is holy, which temple ye are.—1 Cor. 3:17.

Digitized by Google

Have You a Cold?

Professor Rosenau of Harvard has very truly said, "Could the sum total of suffering, inconveniences, sequelae, and economic loss resulting from common colds be obtained, it would at once promote these infections from the trivial into the rank of the serious diseases."

When you have a cold, remember that the healthy human body will quickly throw off an ordinary cold if given a chance, but if the vital resistance is lowered by fatigue the cold will hang on and very possibly prepare the way for pneumonia or some other more serious infection. The best possible thing to do when a cold is coming on is to go to bed for twenty-four hours. With young children this rule can and should be literally followed and even adults who have their business or household duties to attend to should get into bed just as soon as those duties are done and secure every moment of complete rest that circumstances make possible.

When the first symptoms of a cold appear, remember, too, that you are a real danger to your fellows and should keep away from other people just as far as possible and strive to avoid handshaking and the handling of food and of articles to be handled by others. Children in particular should be considered, since so often "a little cold in a big person becomes a big cold in a little person."

When you don't have a cold, remember that every cold comes from getting into the mouth or nose infected material from the mouth or nose of some other person and that it is generally one's own fingers which accomplish the result. This is an unsavory truth but an important one. If the hands were always kept away from the face and always washed thoroughly before meals the cold would no longer be a "common" one.—New Haven Health Department.

Know thyself.—Socrates.

Disease is a retribution of outraged nature. —Hosea Ballou.

Carelessness for a moment may cause regrets for years.

A little care for a little while every day will often prevent serious catastrophe.

You can't trade your body in for a new model, so better take good care of the one you have.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MUMPS
BERI-BERI	OPHTHALMIA NEONATORUM
BOTULISM	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPELAS	SMALLPOX
FLUKES	SYPHILIS*
FOOD POISONING	TETANUS
GERMAN MEASLES	TRACHOMA
GLANDERS	TUBERCULOSIS
GONOCOCCUS INFECTION*	TYPHOID FEVER
HOOKWORM	TYPHUS FEVER
INFLUENZA	WHOOPING COUGH
JAUNDICE, INFECTIOUS	YELLOW FEVER
LEPROSY	
MALARIA	
MEASLES	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

*Reported by office number. Name and address not required.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

The new attitude toward disease and ill health which emphasizes prevention rather than cure places a great responsibility on the school. This is but partly because the child throughout its most susceptible years spends so many hours of the day in the school under physically trying conditions presented by the school building itself and by the free intermingling and grouping of the pupils; but it is true, even more largely, because the possibility of instilling health knowledge and health habits is greatest in the school period of life. The school, therefore, has clearly two duties to perform: One is to assist in preventing physical defects and disease; the other, to assist in furnishing the teaching and training which will make and keep the body well and strong. The school can fairly discharge these duties only when every schoolhouse is both sanitary and safe; when every school is the beneficiary of competent medical inspection and health supervision, and when every school child is thoroughly trained in body, in health habits and living. To this end must be devoted the combined support and activity of all who desire to promote human efficiency and human happiness.

MORBIDITY.*

Diphtheria.

195 cases of diphtheria have been reported, as follows: Los Angeles 49, San Francisco 13, Oakland 15, Modesto 5, Los Angeles County 12, San Diego 5, Fresno 7, Sacramento 10,

*From reports received on December 8th and 9th for week ending December 6th.

Digitized by Google

Compton 5, Watsonville 7, San Fernando 1, San Benito County 2, San Leandro 1, Albany 1, Orange County 1, Huntington Park 4, Maywood 2, Tulare County 1, Fillmore 1, Calexico 1, Ventura County 4, Pasadena 4, Berkeley 2, Santa Rosa 2, Long Beach 1, Redwood City 1, San Rafael 1, Stockton 4, San Joaquin County 1, Burbank 2, Chico 1, Stanislaus County 1, Hayward 1, Lassen County 1, Merced County 2, El Segundo 1, Whittier 1, South Gate 2, Madera 1, Tehama County 2, San Jose 4, Tulare County 1, Monterey County 1, Salinas 1, Santa Cruz County 1, Richmond 2, Alameda County 3, Butte County 2, Selma 2.

Scarlet Fever.

157 cases of scarlet fever have been reported, as follows: Los Angeles 24, San Francisco 19, Alameda 8, Lincoln 7, Oakland 6, Los Angeles County 11, San Joaquin County 10, Orange County 6, San Diego 6, Chico 2, Maywood 2, Fresno County 4, Orange 3, Burbank 1, Santa Ana 2, Redlands 2, Alameda 1, Gilroy 1, Pasadena 2, Redwood City 3, Madera County 4, Stockton 1, Eureka 1, Sacramento 1, Yolo County 1, Torrance 1, San Jose 3, Tulare County 2, Richmond 1, San Diego County 1, Newman 1, Bakersfield 2, Watsonville 1, Berkeley 1, Pomona 1, Compton 3, Long Beach 4, Riverside 2, Redding 1, Venice 1, Kern County 1, Hanford 1, Selma 2.

Measles.

34 cases of measles have been reported, as follows: Los Angeles 16, Los Angeles County 8, San Francisco 2, South Gate 1, San Leandro 1, Compton 1, Alhambra 1, Berkeley 1, Sacramento 1, Alameda 1, Santa Monica 1.

Smallpox.

100 cases of smallpox have been reported, as follows: Los Angeles 31, Los Angeles County 23, Pomona 6, Orange County 5, Eureka 7, Oakland 6, Sacramento 1, San Diego 1, Sutter County 2, Ventura County 2, San Francisco 1, Lassen County 1, Redwood City 1, Huntington Park 1, San Jose 1, Fresno County 3, Long Beach 2, Solano County 1, Ontario 1, Kern County 3, Santa Monica 1.

Typhoid Fever.

32 cases of typhoid fever have been reported, as follows: Stockton 6, Reedley 5, Los Angeles 2, Tulare County 1, Sacramento 2, Merced County 1, San Francisco 4, Fresno County 3, Los Angeles County 1, Banning 1, Riverside County 1, Calexico 1, Lassen County 1, San Joaquin County 1, Madera 1; California 1.

Whooping Cough.

119 cases of whooping cough have been reported, as follows: Los Angeles 29, Los Angeles County 21, San Francisco 14, Monterey County 23, Madera County 1, Orange County 2, Richmond 1, Glendale 3, San Diego 2, Oakland 1, Maywood 2, Riverside 1, Huntington Park 1, Alhambra 4, Berkeley 4, Stockton 2, Guadalupe 3, Albany 1, Long Beach 2, Venice 2, Tehachapi 3.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: San Leandro 2, Alameda County 1, Sierra County 3.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Bakersfield 1, San Diego 1.

Botulinus Poisoning.

Berkeley reported one case of botulinus poisoning.

Rabies (Human).

Los Angeles reported one case of rabies.

Epidemic Meningitis.

Los Angeles reported one case of epidemic meningitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Dec. 6 received by Dec. 9	Week ending			Reports for week ending Dec. 8 received by Dec. 11
	Nov. 15	Nov. 22	Nov. 29		Nov. 17	Nov. 24	Dec. 1	
Anthrax	0	1	0	0	1	0	0	0
Botulism	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	1	2	3	1	4	5	2	1
Chickenpox	201	264	223	334	194	125	140	193
Diphtheria	188	171	214	195	321	356	308	298
Dysentery (Bacillary)	10	0	0	0	5	0	0	0
Epidemic Encephalitis	1	4	4	3	4	2	1	2
Gonorrhoea	75	73	86	96	83	161	96	142
Influenza	13	26	23	18	24	30	25	39
Leprosy	0	0	1	0	0	0	0	0
Malaria	2	0	0	1	2	4	1	0
Measles	24	35	26	34	265	315	291	326
Mumps	66	107	79	106	22	27	31	38
Pneumonia	114	55	53	83	82	56	52	85
Poliomyelitis	10	7	12	6	11	9	11	7
Rabies (Human)	0	0	0	1	0	0	0	0
Scarlet Fever	113	137	164	157	198	256	251	213
Smallpox	100	98	80	100	92	83	111	164
Syphilis	166	132	111	122	112	94	140	165
Tuberculosis	179	118	207	134	134	199	150	174
Typhoid Fever	24	81	26	32	26	29	28	18
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	74	100	66	119	35	27	20	34
Totals	1361	1411	1378	1534	1615	1777	1658	1899

CALIFORNIA STATE PRINTING OFFICE

13 11-24 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 45 DECEMBER 20, 1924 GUY P. JONES EDITOR

Rat Is Menace to Public Health.

There is no excuse for the existence of rats in any community. They contribute nothing; they destroy much property and they are responsible for the transmission of many serious diseases. They should be exterminated. The United States Public Health Service says:

"Intensive, thorough studies of damage done by rats are lacking, but sufficient random observations are available to make it certain that the cost of maintaining rats is a big economic drain on the Nation. To assign any accurately fixed sum to the amount of injury done by rats in the United States is impossible. but estimating the loss at a rational minimum amount, the sum is astounding. The calculation embraces two factors, *i. e.*, the rodent census and the average amount of damage done by one rat. Both of these factors can be determined within reasonable limitations. By means of trapping percentages covering a period of one year, it has been determined that the rodent population in several American cities is slightly in excess of the human population. In the rural districts of the United States the number of rats on any farm will easily average three or four times the number of people on the estate, and in the grain or cane producing areas the proportion will be multifold.

It has been determined that the rat will consume 50 pounds of grain in a year and will damage considerably more. The estimate of one rat per human being for the continental United States coincides with that for Great Britain and Ireland, made by the Incorporated Society for the Destruction of Vermin, and also for authoritative figures for Denmark, France and Germany. The annual upkeep per rodent was computed by the same authorities as $1.80 in Great Britain, $1.20 in Denmark, and $1 in France. The depredations of rats in this country will probably exceed the estimate made for Great Britain. One-half cent per day would be a conservative estimate however.

The list of articles damaged by rats is too long to enumerate in detail, but in general they are all kinds of grain, before and after harvesting; eggs and poultry, especially small chicks; wild birds, their eggs and young; fruits and vegetables, both when growing and when stored; flowers, bulbs, and shrubbery, all kinds of staples in bags or boxes; and all food products in pantries, groceries, meat markets, bakeries, stables, and general markets. The nonedible articles destroyed include leather goods, books, papers, clothing, and fabrics, partly for the glue, starch, or paste these articles may contain, and also for material for the rat's nest.

TRAPPING.

Rat destruction can be accomplished by individual effort to a limited degree, but

to be successful in a large city the measures attempted must be communal in nature—*i. e.*, the rat proofing of buildings. No spasmodic or individual effort will result in the desired end.

Rats can be destroyed by trapping, by poisoning, and by using natural enemies, such as certain breeds of cats and dogs. To insure the success of these measures it is necessary to curtail the rat's food supply by properly disposing of garbage and table refuse, and by preventing rats from gaining access to such food as is contained in pantries, groceries, markets, stables, etc. The municipal government will have to assist the efforts of the citizens along this line by creating and enforcing rat-proofing laws. To merely keep premises clean and free of rubbish will be of but little benefit, as Norway rats, even when abundant rubbish is available, prefer more secure covert, as that beneath floors, and within double walls and ceilings.

Much has been written about rat trapping, the pattern of trap or kind of bait, and methods of trapping; but after all has been said and done, it still remains probable that success in trapping is proportional to the attention and industry the trapper devotes to his traps and the protection of other food supplies. Two kinds of traps are generally used—the wire cage trap and the snap trap or deadfall. To obtain the best results the traps must be well attended and frequently moved from one place to another. Large cage traps, 20 inches in length, are much more effective than the smaller ones. The placing of traps is important. They should be placed wherever rats have been accustomed to come for feeding purposes and should be more or less concealed, the small snap traps by scattering dust, flour, or corn meal on or about them, and the cage trap by pieces of sacking, straw, or rubbish, leaving only the opening free.

The prerequisite of successful trapping is that no food, other than the bait, shall be available to the foraging rodents. Other things being equal, highly savored articles, such as cheese and toasted bacon, will more quickly attract rats than will food without odor; but the idea that a rat can be enticed into a trap by the employment of bait more appetizing to him than the surrounding food supply is fallacious. To the rat, food supply is a question of availability, and preference is of secondary consideration.

Generally speaking, however, it is probable that the rodent which frequents a grain house is most successfully trapped by the use of grain; and in meat markets, meat may be the best bait; or, again, rats found in green groceries, where vegetables are kept, are more easily attracted by baiting the trap with vegetables.

RAT PROOFING.

Structures that are difficult to keep rat free, even though structurally rat proof, are storage wharves and large wholesale warehouses where immense quantities of provisions remain stored during long periods.

Rat proofing by elevation is chiefly applicable to small and medium size buildings. The intent is to have sufficient elevation, about two feet, so that the ground area beneath shall be as exposed and free from covert as unbuilt-upon land.

For more pretentious dwellings, where sufficient care can be exercised to prevent rodents from gnawing through plank flooring, a marginal rat proof foundation wall will suffice.

Double walls with a dead space between should be avoided, or, if used, should be rat proofed at top and bottom with heavy wooden timbers, 4 by 4 joists, or by a concrete fill. Attics should be well opened and kept free of dunnage or other refuse for rats.

Double ceiling should be avoided, especially so in basements. Boxed-in structures, such as uprights in roughly finished dwellings, plumbing, kitchen sinks, and sundry similar arrangements, often furnish rat harborage. Such boxing should be removed. Porches and steps should be given the same consideration as the body of the house.

Miscellaneous openings, as light shafts, ventilators and open windows, should be screened, preferably by 12-gauge wire screen with mesh not exceeding one-half inch. Abandoned sewers or drain-pipes at times give access to rodents and should be protected.

The garbage depository must be given careful attention. It should be metal, preferably a galvanized iron can, watertight to prevent seepage which would attract rats, and should have a closely fitting lid. A can two feet in height without cover will not be proof against the incursion of rats.

The grounds around a building are to be devoid of rat harborage. Premises are to be kept clean and free of rubbish. Plank walks and plank covering for yards are to be avoided. Cinders or concrete are preferable for this purpose. If the latter material is used, it should have marginal protection to prevent rodents from burrowing beneath.

Digitized by Google

Chickens, goats, hares, pigs and other animals that are generally fed on table scraps ought not to be allowed within the city limits.

Chicken yards, when so permitted, may be rat proofed by a concrete wall at the periphery, sunk into the ground two feet or more, with one-half inch mesh wire netting covering the top and sides."

New Health Officers Receive Appointments.

Dr. George Parrish, who has been health officer of Portland, Oregon, for many years, has been appointed health commissioner of Los Angeles to succeed the late Dr. Luther M. Powers.

Among other newly appointed health officers are Dr. Harry J. Willey of Porterville, who succeeds Dr. O. C. Higgins as city health officer; Mr. Frank B. Wilcoxon of Pacific Grove, who succeeds Mr. James P. Evans as health officer of that city; and Dr. John A. Azevedo of Hayward, who succeeds Dr. Paul Dolan of Livermore as health officer of Alameda County.

General Death Rate Higher in 1923.

The Department of Commerce announces that 1,193,017 deaths occurred in 1923 within the death registration area of continental United States, representing a death rate of 12.3 per 1000 population as compared with a rate of 11.8 in 1922.

The death registration area (exclusive of the territory of Hawaii) in 1923 comprised 38 states, the District of Columbia, and 14 cities in nonregistration states, with a total estimated population on July 1 of 96,986,371, or 87.6 per cent of the estimated population of the United States.

The increase in the rates from influenza, from 31.4 per 100,000 population in 1922 to 44.7 in 1923, and from pneumonia (all forms) from 102.1 per 100,000 population in 1922 to 109 in 1923, accounts for nearly half the increase in the rate from all causes. Some of the other causes for which the rates increased are diseases of the heart, measles, cerebral hemorrhage, whooping cough, cancer, automobile accidents, nephritis, railroad accidents, and accidental falls.

Decreases appear in the death rates from tuberculosis (all forms), diphtheria, malaria, and typhoid and paratyphoid fever.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

Better health means better business.

Beware of the "common cold." There is danger in running noses.

MORBIDITY.*

Diphtheria.

174 cases of diphtheria have been reported, as follows: Los Angeles 41, San Francisco 22, National City 11, Oakland 12, Berkeley 7, San Jose 5, Los Angeles County 9, San Diego 3, Bakersfield 2, Fullerton 1, Palo Alto 1, Turlock 1, Alameda 1, Alhambra 2, Santa Ana 1, San Bernardino County 2, Tehama County 1, Chico 3, Hermosa Beach 1, Sacramento 4, Orange County 1, Ontario 1, Long Beach 2, Richmond 3, San Fernando 1, Redondo Beach 1, Chula Vista 1, Huntington Park 2, Glendale 3, Fresno 2, Monterey County 1, Sonoma County 4, Oroville 1, San Benito County 1, Alameda County 3, Burlingame 1, San Mateo County 1, Redwood City 1, Pasadena 2, Stockton 2, Watsonville 2, San Diego County 1, Whittier 2, Merced County 1, Monrovia 1, Salinas 3.

Scarlet Fever.

155 cases of scarlet fever have been reported, as follows: San Francisco 28, Los Angeles 27,

* From reports received on December 15 and 16 for week ending December 13.

Digitized by Google

Long Beach 13, San Jose 8, Fresno County 5, San Diego 11, Tulare County 5, Parlier 1, Alameda County 3, Riverside 3, Sacramento 4, Redlands 3, Orange County 1, Escondido 2, Gilroy 1, Pomona 1, Alhambra 4, Stockton 1, San Leandro 2, Willits 2, Huntington Park 1, Orange 3, Santa Clara 1, Redondo Beach 1, Pasadena 1, Colton 1, Redwood 1, Oroville 1, Richmond 1, San Diego County 2, Bakersfield 1, Stanislaus County 1, San Joaquin County 2, Tracy 1, Los Angeles County 4, Oakland 3, Yuba County 1, Porterville 3, Los Gatos 1.

Measles.

35 cases of measles have been reported, as follows: Los Angeles County 8, Los Angeles 5, El Monte 1, San Diego 1, Coalinga 1, Orange County 1, San Leandro 1, Inyo County 4, Sacramento 1, Huntington Park 1, South Gate 1, Pomona 1, San Francisco 4, Compton 1, Pasadena 1, Riverside 1, Long Beach 1, Oakland 1.

Smallpox.

69 cases of smallpox have been reported, as follows: Los Angeles 20, Los Angeles County 15, Oakland 7, Placer County 1, Redondo Beach 2, Maywood 1, Bakersfield 1, Stockton 3, Eureka 3, Whittier 1, Sacramento 4, Alhambra 1, San Diego 1, Fresno County 2, Ontario 1, Fresno 2, Ventura County 4.

Typhoid Fever.

26 cases of typhoid fever have been repor as follows: San Leandro 1, Redwood City Blythe 1, Humboldt County 2, Fresno Cou 1, Chico 1, Trinity County 1, Madera Cou 1, Plumas County 1, Stockton 3, Oakland Huntington Park 1, San Joaquin County San Francisco 1, Los Angeles 3, Californi

Whooping Cough.

60 cases of whooping cough have b reported, as follows: Los Angeles County Los Angeles 14, San Francisco 17, Long Be 3, Compton 1, Berkeley 2, San Jose 1, W tier 3, Tracy 1, Madera County 1, Glendale Oakland 1, Venice 1, Los Gatos 1.

Epidemic Meningitis.

Fresno reported one case of epide meningitis.

Poliomyelitis.

7 cases of poliomyelitis have been repor as follows: Oakland 1, Pasadena 1, Nev County 1, Alameda 1, Colusa 1, Berkeley 2.

Typhus Fever.

Los Angeles reported 1 case of typhus fe

Epidemic Jaundice.

Pasadena reported one case of epide jaundice.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Dec. 13 received by Dec. 16	Week ending			Repo for w endi Dec. receiv by Dec.
	Nov. 22	Nov. 29	Dec. 6		Nov. 24	Dec. 1	Dec. 8	
Anthrax	1	0	0	0	0	0	0	
Botulism	0	0	0	0	0	0	0	
Cerebrospinal Meningitis	2	3	1	1	5	2	1	
Chickenpox	264	223	400	274	125	140	214	1
Diphtheria	171	213	218	174	356	308	345	3
Dysentery (Bacillary)	0	0	0	0	0	0	0	
Epidemic Encephalitis	4	4	2	0	2	1	3	
Epidemic Jaundice	0	0	0	1	1	0	5	
Gonorrhoea	73	86	105	88	161	96	148	1
Influenza	26	23	21	15	30	25	39	
Leprosy	0	1	0	0	0	0	0	
Malaria	0	0	0	1	4	1	0	
Measles	35	26	42	35	315	291	366	3
Mumps	107	79	99	91	27	31	40	
Pneumonia	55	53	84	64	56	52	95	
Poliomyelitis	7	12	6	7	9	11	12	
Rabies (Human)	0	0	0	0	0	0	0	
Scarlet Fever	137	164	171	155	255	251	243	2
Smallpox	97	80	102	69	83	111	164	1
Syphilis	132	111	123	108	94	140	173	1
Tuberculosis	118	207	164	209	199	150	188	1
Typhoid Fever	81	26	35	26	29	28	20	
Typhus Fever	3	0	0	1	0	1	0	
Whooping Cough	101	66	129	60	27	20	41	
Totals	1414	1377	1702	1379	1778	1659	2097	17

CALIFORNIA STATE PRINTING OFFICE

12-24 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

MEDICAL
SAN FRANCISCO

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 46 DECEMBER 27, 1924 GUY P. JONES EDITOR

HOW HEALTH CENTER MAKES HEALTH POPULAR.

With fitting ceremony Boston recently dedicated the first of a new chain of health centers, erected from funds provided under the will of Mr. George Robert White. The new building will be used, managed and maintained by the Boston Health Department in cooperation with various private agencies devoted to the promotion of health and welfare. The work to be carried on in the new building will include child welfare conferences, dental service, classes in nutrition, examinations by physicians of eye, nose and throat, etc. The building will also be used as a civic center. Present at the dedicatory exercises were President Charles W. Eliot, of Harvard, Dr. George E. Vincent, president of the Rockefeller Foundation, Dr. Haven Emerson of Columbia University and many other noted authorities. The occasion was regarded as important in New England, not only on account of the magnificence of the health center building, but also because it marks a development in the health center idea.

The remarks of Dr. Haven Emerson at this time are of interest to public health workers throughout the United States. He sketches the growth of health centers in the United States and outlines the activities of such institutions. His words help to clarify some of the mistaken ideas of the functions of the health center and emphasizes its true work in promoting "a better quality and greater quantity of life." Dr. Emerson said:

A miracle has transformed what I learned some years ago to believe was a health center, from a tenement apartment, resembling a trolley car in proportions and a corner saloon in its setting, to this palace of prevention, this beautiful home of health.

The history of health is so much oftener marked by the quiet report of a modest student in the hospital or laboratory, that a great civic gesture such as this, calls for joy and exultation that Hygeia, the goddess of health, has at least a temple worthy of her.

All the spirit of the honored and powerful town hall of New England, that training school of citizenship, and of self-expression, is brought to life again in this the visible symbol of all those gentle services upon which family and neighborhood life depend. There are few sweeter words than that of neighbor, few greater satisfactions than being a member of a community conscious of itself.

Great cities are nowadays threatened by their size, not only through the hazards of mass existence shown in our crowded streets and still more in the stifling tenements, but by the disintegration of social relationships among neighbors, and the lack of touch between the citizen and his servants in public employ. We have long been accustomed to the [illegible]ool building, the library, the

church centers that bind neighborhoods with a common interest, and it has been only within the past twelve years that our rapidly spreading respect for medical science and the services of health protection has developed a call for the neighborhood house of health. Here we have a service station, distributing currents of protection, circulating friendly service, advertising the most unselfish of commodities—a better quality and greater quantity of life. Here is the year round office of the practitioner of health, the district health leader.

On this occasion Boston has scored priority in a notable health accomplishment, as her officers or her citizens have on numerous occasions in the past.

For the first time on this continent a quarantine was established when the town officers of Boston, in 1678, forbade the unloading of cargo or debarkation of passengers or crew from ships which had brought smallpox with them from England.

School medical inspection began, for the United States, in this city. A public clinic organized for the study and prevention of the hazards of occupation was first accomplished in Boston to the everlasting benefit of the wage earners throughout this country.

Here and now we have that fortunate combination of private generosity, faith in public officials, and administrative ability among technical services, by virtue of which the first district building erected by a city government is devoted exclusively to the use of official and private health agencies.

This signifies much more than the humanizing of a central bureaucracy, which health departments tend to become. We have this building as a token of widespread belief that the nearer public service comes to the householder and his child, the stronger is the faith in democracy, the greater is the trust in elected officers. This is more than a new facility of and for the city government, it is an expression of hospitality by the officers who fear the mandate of the voters, to the volunteers who have so often blazed a path of health with private endeavor, gladly followed later by the more ponderous and burdened government departments.

We are so close to the origin of health centers, so young in our endeavors to [illegible]ty of effort into the local life of [illegible]tricts of our cities, that it is [illegible]rk the steps of progress. Ap[illegible]st across the Alleghenies where a resourceful leader in the tuberculosis campaign gave Pittsburgh the example of which could be expected from a common meeting place and office of the volunteer servants of the sick, we see a similar idea in Milwaukee devoted to the saving of babies' and mothers' lives, Philadelphia, New York and Cincinnati testing, approving and adding to the plan.

Not until 1914 was there any evidence that this glimpse of a new method in health administration had opened out the minds of health officers. Down in a tenement store of Division street in New York's Ghetto, in the shadow of one block where still almost a thousand persons crowd the acre, the first experiment station under municipal auspices was started as a health center, with a desk and chair where the visiting nurse and the charity worker could take turns at the 'phone and swap notes on common problems with the district physician and the sanitary inspector. The germ of this embodiment of local health administration was contained in those cramped quarters.

In the same year, Buffalo made use of district dispensaries with the same idea, and in 1915 Cleveland put its city health stations on a district basis. But it has remained for private generosity, the imagination and creative loyalty and experience of volunteer health agencies of Boston, to clothe the idea with the enveloping beauty of architecture, and breathe into the faint hopes of others a spirit and practical organization which promptly takes the present project out of the class of experiment and places it among the permanent features of civic government.

What is to be the purpose? How will organization be developed? What are the methods to be evolved out of the present venture?

For purposes we have the translation of the quickly following facts of science into language, habit and use of households, interpretation by the busy messengers of health, of theory and practice of life in terms of kitchen, playground and nursery. From this welcoming, receiving station, as full of wisdom as this room is of the flooding sunshine, it will be the purpose of the doctor, nurse and all variety of friendly visitors to distribute as rapidly the good news of living as in the past the hurrying ambulance has raced with death through the streets. It will be the purpose of the health officer, the district agent of city service, to use this as a transforming station, to short

Digitized by Google

circuit the knowledge of mankind for the better illumination of his local community.

The organization comes ready to hand, simple and practical from the lessons of well-tried executive practice. Each public and private health function will be served as if by an embryo bureau of a central government through a personnel that deals directly with each household, and all guided by the district health officer, the community physician.

The methods will be those of education, not enforcement, persuasion, not authority, of example, not of threats.

In searching for suitable words to express the soul of this unit I came upon these verses of that great sanitarian, the wise physician, the poet of American Medicine, to whose science and teaching we owe the saving of whole armies of the mothers of the land, Dr. Oliver Wendell Holmes:

"As Life's unending column pours,
Two marshalled hosts are seen—
Two armies on the trampled shores
That Death flows black between.

One marches to the drum-beat's roll,
The wide-mouthed clarion's bray,
And bears upon a crimson scroll,
'Our glory is to slay.'

One moves in silence by the stream,
With sad, yet watchful, eyes,
Calm as the patient planet's gleam
That walks the clouded skies.

Along its front no sabres shine,
No blood-red pennons wave;
Its banner bears the single line,
'Our duty is to save.'"

And if I may be pardoned the flight of fancy, let me say that while we have in tumultuous and often bloody manner declared our independence in religion, in education, in government, we still await the revolution in thought and action which will culminate in a declaration of freedom from disease. Let this building prove to be the Faneuil Hall of Health.

When to Teach Social Hygiene.

Dr. Borden S. Veeder of St. Louis said, at the recent meeting of the American Child Health Association:

"Social hygiene instruction should come after puberty, not before. The gist of sex education is a happy normal relationship between parents and children which must have its beginning long before puberty. It is a subject for the home and not for the school. The most important thing for parents to understand in regard to adolescence is that their child is undergoing far-reaching fundamental physical changes and that there is a physical basis back of all of the peculiar and usually irritating changes in temperament, disposition,, attitude toward the family and life which are so prone to develop at this time."

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

*Reported by office number. Name and address not required.

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

MORBIDITY.*

193 cases of diphtheria have been reported, as follows: San Diego 3, Berkeley 3, Monterey Park 1, Alhambra 1, Monrovia 1, Whittier 3, Huntington Park 1, Maywood 1, Hawthorne 1, Hermosa Beach 4, Redondo Beach 1, Glendale 6, Eldridge 1, Sonoma County 1, Plumas County 1, Hayward 3, Santa Cruz County 1, San Leandro 2, San Jose 3, Fresno 1, Turlock 5, Santa Cruz 3, Pleasanton 1, Alameda County 4, Watts 1, Sacramento County 4, Pacific Grove 1, San Bernardino County 1, Ontario 1, Fullerton 2, Pasadena 1, Alameda 3, San Mateo County 4, Burbank 1, Contra Costa County 1, Los Banos 1, San Diego County 2, Auburn 1, Bakersfield 4, Richmond 4, Santa Barbara 2, Sacramento 2, Siskiyou County 2, Salinas 2, Lodi 1, Kings County 1, San Benito County 4, Orange County 1, Mendocino County 1, Oroville 1, Dinuba 1, Hollister 1, San Francisco 13, Oakland 8, Los Angeles County 6, Santa Clara County 1, Riverside 2, Los An-

*From reports received on Decem and 23d for week ending December

Digitized by Google

geles 56, Watsonville 2, Hollister 2, Siskiyou County 1.

Measles.

46 cases of measles have been reported, as follows: Los Angeles 8, Riverside County 1, Glendale 1, Stockton 1, Lodi 1, Redlands 1, Sacramento 1, San Bernardino County 1, Los Angeles County 21, Fresno County 1, South Gate 1, San Diego 2, San Francisco 6.

Scarlet Fever.

127 cases of scarlet fever have been reported, as follows: Riverside County 1, La Verne 1, Los Angeles County 3, San Bernardino County 3, Redlands 1, San Jose 1, Burbank 2, Monterey County 1, Marysville 2, Alhambra 1, Huntington Park 1, Maywood 1, Lassen County 2, Glendale 2, Stockton 3, Yuba City 1, Visalia 2, Santa Barbara 2, Fullerton 1, Sacramento 1, El Dorado County 1, Santa Ana 2, Orange 3, Colton 2, Pasadena 1, Fresno County 5, Santa Paula 6, San Diego 6, San Francisco 19, Alameda County 2, Riverside 1, Los Angeles 28, Oakland 9, Kern County 1, Siskiyou County 1, Orange County 3, Alameda 2, San Jose 3.

Smallpox.

99 cases of smallpox have been reported, as follows: Tulare County 1, Tehama County 1, San Jose 1, Santa Paula 2, Yuba City 4, Lassen County 2, Marysville 3, San Francisco 2, Huntington Park 1, San Mateo County 1, Eureka 4, San Barnardino County 1, Sacramento 4, Sutter County 16, Orange County 3, Kern County 1, Tulare County 2, Los Angeles County 13, Alameda County 1, Oxnard 2, Los Angeles 25, Oakland 7, Kern County 2.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Los Angeles 3, Stockton 1, Fresno 1, Palo Alto 1, Los Angeles County 1, San Francisco 1, Huntington Park 1, Oakland 2.

Whooping Cough.

67 cases of whooping cough have been reported, as follows: Sausalito 3, Stockton 2, Orange County 2, Santa Ana 2, Pasadena 2, San Jose 2, Fresno 1, Monterey County 1, Huntington Park 1, Compton 2, San Fernando 2, San Francisco 19, San Diego 5, Los Angeles County 3, Los Angeles 18, Delano 1, Oakland 1.

Poliomyelitis.

8 cases of poliomyelitis have been reported, as follows: Kern County 1, Los Angeles 1, San Diego 1, Oakland 2, Alameda 2, Colusa 1.

Encephalitis, Epidemic.

1 case reported from San Diego County.

Botulism.

1 case reported from Loma Linda.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Dec. 20 received by Dec. 23	Week ending			Reports for week ending Dec. 22 received by Dec. 26
	Nov. 29	Dec. 6	Dec. 13		Dec. 1	Dec. 8	Dec. 15	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	1	0	1	0	0	0	0
Cerebrospinal Meningitis	3	1	1	1	2	1	0	2
Chickenpox	223	399	291	206	140	214	169	132
Diphtheria	213	218	190	194	308	345	337	272
Dysentery (Bacillary)	0	0	4	1	0	0	1	1
Epidemic Encephalitis	4	2	2	1	1	3	4	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	86	105	89	53	96	148	134	87
Influenza	23	22	15	10	25	39	39	35
Leprosy	1	0	0	0	0	0	0	0
Malaria	0	0	1	1	1	0	3	3
Measles	26	42	39	46	291	366	370	280
Mumps	79	99	103	61	31	40	28	9
Pneumonia	53	82	66	62	52	95	111	68
Poliomyelitis	12	6	12	8	11	12	5	5
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	164	171	168	127	251	243	280	263
Smallpox	80	103	83	99	111	164	115	121
Syphilis	111	123	109	96	140	178	189	94
Tuberculosis	207	164	226	155	150	188	111	153
Typhoid Fever	26	34	31	11	28	20	17	17
Typhus Fever	0	0	1	0	1	0	1	1
Whooping Cough	66	129	60	67	20	41	28	15
Totals	1377	1701	1491	1200	1659	2092	1942	1559

CALIFORNIA STATE PRINTING OFFICE

33113 12-24 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 47 JANUARY 3, 1925 GUY P. JONES EDITOR

INFANT AND MATERNAL MORTALITY IN CALIFORNIA.

By WALTER M. DICKIE, M.D., Secretary California State Board of Health.

Dr. Matthias Nicol, New York state commissioner of health, has declared recently that the infant mortality rate is the most reliable index to the health condition of any community. The infant mortality rate, as you know, is the number of children that die under one year of age per every thousand living births. There are many factors that have to do with causing the deaths of infants and Dr. Nicol is undoubtedly correct in establishing the fact that the infant mortality rate constitutes our best index as to general health conditions. The chief causes of deaths among infants under one year of age are the following: congenital defects, diseases of the digestive system, chief of which is infantile diarrhea and enteritis, diseases of the respiratory system, chiefly pneumonia, and communicable diseases other than pneumonia. Under the heading congenital causes, may be classed congenital debility, malformations, premature birth, venereal diseases and injury at birth. In California during recent years approximately one-half of all infant deaths were due to these causes. Until such time as we may be able to direct methods to control the growth of our population, infants will continue to die from these congenital causes. There is little that any health department can do to reduce the number of deaths from these causes. It is a problem of eugenics.

Dr. Chas. J. Hastings, Health Officer of Toronto, said recently, "the carrying out of the principles of eugenics, which really mean the study and cultivation of conditions that improve the physical and moral qualities of future generations, is simply the practical application of the true spirit of democracy, that is, 'that all men are born with equal rights and duties' and not, as one frequently hears quoted and which is libelous on the original, namely, 'that all men are born with equal character and ability to govern themselves and others.' Science has enlightened governments in the prevention of the spread of disease. Why not enlighten them in the prevention of the spread and multiplication of worthless members of society. The wisdom of the British psychologist, as expressed by Tennyson in his memorable lines:

"So careful of the type * * *
"So careless of the single life,"

has been transmuted into the fatal reverse,

"So careful of the single life * * *
"So careless of the type,"

all of which has a tendency to jeopardize the race at the present time."

Most of the deaths of infants from congenital causes are due to the mating of the unfit. It is not my purpose at the present time to discuss the world-old problem of birth control, which has recently been revived and is being more openly discussed than ever before. It is sufficient to state that a certain proportion of infantile deaths can not be prevented so long as those who are mentally and constitutionally unfit continue to reproduce their kind.

Digitized by Google

A small proportion of deaths from congenital causes can be prevented by the provision of adequate prenatal care or sound prenatal advice, by persons who are qualified. Physicians and public health nurses are accomplishing considerable in reducing the number of deaths that might occur among intelligent mothers, by means of the provision of such care and advice.

About 900 infants die in California annually of infantile diarrhea and enteritis. The incidence is heaviest during the first month of life but does not diminish materially until after the third month of life. Perhaps the greatest field of infant life-saving lies in the prevention of these diseases of the digestive system. The provision of pure milk and correct feeding is a tremendous factor in reducing numbers of death from this cause. It is here that preventive medicine has its greatest opportunity in reducing the infant mortality rate.

In California, pneumonia stands third on the list of causes of infant deaths. About six or seven hundred infants die of this disease annually in this state. The incidence reduces quite rapidly during the first four months of life and thereafter remains at about the same level Of the other communicable diseases whooping cough causes the most deaths. The highest mortality from this cause occurs during the second month of life and decreases for each month thereafter. The appearance of epidemics of whooping cough, however, may cause increased numbers of death during later months of the first year of life.

Infant mortality rates in the rural districts are higher than they are in the cities and infant mortality rates are higher among children of foreign-born mothers than of native-born mothers. The extensive provision of facilities for prenatal care and postnatal care as well, in our centers of population, tend to make infant lives safer in urban districts. The tremendous amount of welfare work accomplished by various organizations may be credited directly with the tremendous reductions in the numbers of deaths of infants in territories where such organizations have operated. It is in the distant outlying counties far removed from cities of population, that the maternal and infant mortality rates are highest. The shifting of population from country districts to city districts has tended to reduce the whole infant mortality rate, but this has been offset to a large extent by the settling of newcomers in the rural districts where there is no adequate provision for the care of either mother or child.

Under the provisions of the federal act for the promotion of the welfare and hygiene of maternity and infancy, the California State Board of Health, through its Bureau of Child Hygiene, is able to establish county maternity nurses whose salaries are paid through the federal fund. Their duties are to organize the work in their districts by means of committees composed of representatives from the medical society, the health officer and interested lay people. They are to cooperate with physicians by visiting expectant mothers and those with young babies in their homes, giving instructions and demonstrations. They ssist in the organization of health centers for prenatal work, mothers' classes, infant welfare work, etc. The state has fifteen nurses thus employed in California counties. These nurses accomplish much in the prevention of infant blindness by seeing that the laws for the treatment of eyes of every infant are enforced. They demonstrate the technique and value of breast feeding, general care of the infant, bath, ventilation, clothing and sleep, as well as the preparation of artificial feeds and dietary, if required. They attempt to secure expert care for mothers in confinement and often make personal sacrifice when difficulty may be encountered in securing adequate care.

Since the infant mortality rate is based upon the number of deaths per thousand registered live births, it can be seen quite readily that unless every birth in the community is registered the infant mortality rate will be affected. As a rule all deaths are registered but all births are not registered. The fewer the registered births the higher the infant mortality rate will be. Perhaps the most feasible way to reduce the infant mortality rate is to secure complete registration of all births. Many cities and counties whose infant mortality rates are high can find the blame easily in faulty birth registration. For the protection of the individual child and for the welfare of the community, the complete registration of births is an absolute necessity.

As for maternal mortality much depends upon the intelligence and cooperation of the prospective mother. She must secure expert hygienic advice and she must be under medical supervision. The Bureau of Child Hygiene of the State Board of Health has prepared a series of nine prenatal letters and one postnatal letter, which are proving useful in providing definite information for prospective mothers. These are being distributed in large quantities by physicians, nurses, and health centers, as well as

directly to prospective mothers. When every prospective mother knows that she must have expert care in confinement, that she must be prepared for emergencies that may occur in abnormal or complicated cases, and that she must keep herself in good physical condition in preparation for this event, then a large amount of work in the prevention of maternal mortality will be accomplished.

I have sketched roughly, the work that the state is attempting to do in the prevention of maternal and infant deaths. It is true that biological laws present some limitations beyond which we are unable to advance. We can not go beyond eugenics in the prevention of deaths from certain of these causes. We should be able, however, to prevent at least half of the infant and maternal deaths that occur in this state. The development of an enlightened public opinion and the provision of expert care and sound advice, where such care and advice is not available at the present time, will do much in saving worthy lives. This is a tremendous work and it needs the full cooperation at all times of the intelligent womanhood of California. With all the women of the state behind this important work our civilization can be advanced greatly and California can maintain its enviable reputation as the best state for mothers and children.

Whooping Cough is Dangerous Disease.

Among the communicable diseases of early childhood, whooping cough takes third place in the number of deaths that occur each year. This disease is exceeded only by diseases of the digestive system and pneumonia in causing high fatality rates among infants. The highest mortality from whooping cough occurs during the second month of life and decreases for each month thereafter. The appearance of epidemics of whooping cough, however, may cause increased numbers of deaths during later months of the first year of life.

In older children and in adults the disease causes considerable suffering but does not cause so many deaths. One of the greatest dangers of this disease, however, lies in the fact that it is often followed by tuberculosis. To regard whooping cough as a disease of mild character and little importance is a great mistake. It is one of the most serious and highly fatal of all communicable diseases.

Just so long as parents continue to regard whooping cough as a mild disorder and fail to cooperate with public health authorities in their efforts to check its spread, just so long will epidemics of this disease continue to occur at regular intervals causing the deaths of countless numbers of children. There are many difficulties encountered in the control of whooping cough. One of these difficulties lies in the fact that the characteristic cough may not occur until a week or more after the beginning of the disease. Meanwhile, the sick child may be scattering the disease broadcast, for it is during the early stages that the disease is most contagious.

If every child suffering from what appears to be an ordinary cold were to be isolated upon the beginning of the illness, much could be accomplished in the control of whooping cough as well as other diseases, the first symptoms of which are like those of an ordinary cold.

Whooping cough is spread through contact with fresh secretions from the nose and mouth of another person who may be suffering with the disease. Children playing together, exchanging toys that may have come in contact with their mouths, may easily contract the disease from each other if one of them happens to be suffering from whooping cough. All children with colds should be kept away from other children and well children should not be permitted to come into contact with sick children. The chief duty of parents lies in the exercise of such control measures. If these precautions were taken with every sick child the incidence and mortality exacted by whooping cough could be reduced greatly.

Although whooping cough is a reportable disease very few cases, unless attended by a physician, are reported to the health officer. It is important that a case of whooping cough be reported, whether a physician may be in attedance or not. A vaccine for use in preventing whooping cough has been developed. The chief value of this vaccine lies in the fact that it seems to help in modifying the course of the disease and reducing the number of fatalities. Physicians are able to give full information concerning the administration of this vaccine. The chief thing to remember in the prevention of whooping cough is to isolate every child who has the symptoms of an ordinary cold until the true nature of the illness may be determined. Keep well children away from sick children and remember that whooping cough is one of the most serious and highly fatal of all communicable diseases that are common to children.

Digitized by Google

MORBIDITY.*

Diphtheria.

155 cases of diphtheria have been reported, as follows: Los Angeles 41, San Francisco 14, Los Angeles County 11, Paso Robles 8, Glendale 5, Santa Clara County 5, Oakland 11, Stanislaus County 2, Fresno County 1, Salinas 2, Sacramento 1, Bakersfield 2, Madera 1, Fresno 2, Kings County 2, Burbank 3, Santa Rosa 1, Orange County 2, Stockton 1, Tracy 2, Sonoma County 1, San Jose 3, Pleasanton 1, Berkeley 4, Santa Ana 1, Pasadena 1, Fillmore 2, San Luis Obispo County 2, National City 2, Huntington Park 1, Redlands 1, Alameda County 3, South Gate 2, El Segundo 2, Long Beach 2, San Diego 4, San Mateo County 3, Riverside 1, San Bernardino 2.

Measles.

20 cases of measles have been reported, as follows: Los Angeles 7, Los Angeles County 4, San Diego 1, Santa Ana 1, Pasadena 1, San Francisco 3, Sacramento 1, Santa Clara County 1, South Gate 1.

Scarlet Fever.

127 cases of scarlet fever have been reported, as follows: Los Angeles 20, San Francisco 15, Santa Clara County 12, Alameda County 6, Los Angeles County 6, Kings County 5, Orange 5, Stockton 5, Fresno County 2, LaMesa 1, Sacramento 1, El Dorado County 1, Orange County 1, San Joaquin County 2, Rialto 2, Lodi 4, Tulare County 1, Fresno 1, Reedley 1, San Diego 4, Long Beach 2, San Diego County 1, Kern County 1, Redwood City 2, Daly City 2, Alameda 1, Stanislaus County 3, Watts 1, Huntington Park 2, Glendale 1, Monrovia 1, Hermosa Beach 2, Redondo Beach 1, Colton 1, Riverside 3, Richmond 1, San Jose 2, Burbank 1, Santa Clara 2, Porterville 1, Corona 1.

Smallpox.

68 cases of smallpox have been reported, as follows: Los Angeles 23, Los Angeles County 10, Sacramento 5, Oakland 9, Ventura 2, Nevada City 1, San Francisco 3, Watts 3, Redondo Beach 1, San Diego 1, Alameda 1, Sutter County 2, Bakersfield 2, Yuba City 1, Orange County 1, Humboldt County 1, Ventura County 1, Covina 1.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: San Francisco 1, Los Angeles 3, Lynwood 1, Oakland 2, Sacramento County 1.

Whooping Cough.

65 cases of whooping cough have been reported, as follows: Los Angeles County 24, Los Angeles 9, Long Beach 5, Elsinore 5, San Francisco 4, San Diego 4, Berkeley 4, Madera County 2, Madera 1, Santa Clara County 3, Stockton 1, Lodi 1, Glendale 1, Huntington Park 1.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: San Francisco 1, Los Angeles 1.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Los Angeles 1, Los Angeles County 1, Kern County 1, San Francisco 1, Oakland 1, Porterville 1.

Epidemic Encephalitis.

Los Angeles County reported one case of epidemic encephalitis.

*From reports received on December 29th and 30th for week ending December 27th.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Dec. 27 received by Dec. 30	Week ending			Reports for week ending Dec. 29 received by Jan. 2
	Dec. 6	Dec. 13	Dec. 20		Dec. 8	Dec. 15	Dec. 22	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	1	2	2	1	0	2	1
Chickenpox	399	291	233	140	214	169	152	91
Diphtheria	218	190	215	155	345	337	319	300
Dysentery (Bacillary)	0	4	1	1	0	1	0	0
Epidemic Encephalitis	2	2	1	1	3	4	1	0
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	105	89	59	73	148	134	89	88
Influenza	22	15	19	17	39	39	43	36
Leprosy	0	0	0	0	0	0	0	0
Malaria	0	1	1	1	0	3	3	9
Measles	42	39	48	20	366	370	311	311
Mumps	99	103	66	34	40	28	11	15
Pneumonia	82	66	68	57	95	111	79	95
Poliomyelitis	6	12	9	6	12	5	6	4
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	171	168	133	137	243	280	294	244
Smallpox	103	83	105	68	164	115	121	135
Syphilis	123	109	99	71	173	189	94	161
Tuberculosis	164	226	178	89	188	111	155	165
Typhoid Fever	34	31	11	8	20	17	20	8
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	129	60	77	65	41	28	15	9
Totals	1700	1490	1325	930	2092	1941	1715	1673

CALIFORNIA STATE PRINTING OFFICE

33113 1-25 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 48 JANUARY 10, 1925 GUY P. JONES EDITOR

Typhoid Fever Held an Accident.

The Illinois Supreme Court recently rendered an important decision in a case involving liability for typhoid fever. This sustained a judgment given by the lower court for $1,130 under a special accident policy. The insured died from typhoid fever, and it was claimed that the disease was contracted by drinking contaminated water, and that as this was done accidentally the accident policy should be liable. As this was regarded as a dangerous broadening of the accident policy the case was taken to the appellate court and then to the supreme court, the lower court being sustained in both cases. The insurance company then petitioned the supreme court for a rehearing, which has been denied. As the amount involved is not sufficient to carry the case to the supreme court of the United States, this disposes of the matter.

It is claimed that under these conditions the companies will have to revise their accident policies by definitely excluding bacterial diseases caused by reception of germs. Claim men and attorneys say that under this decision any person having an accident policy could collect for typhoid fever, as it is always acquired from germs, and these are received accidentally and not intentionally. They also say that it would be as consistent to sue under an accident policy for pneumonia caused by accidentally catching cold, or for any other disease not contracted intentionally. They hold that under this decision most accident policies will become life insurance policies, and that while the insurance department will not license a company to issue an accident policy covering death from typhoid fever the supreme court holds that an accident company must pay such a claim. — *Mutual Underwriter.*

Biologic Rat Exterminators Dangerous.

Many cities are now undertaking campaigns for the extermination of rats. The only standard, approved methods of rat eradication are (1) the rat proofing of buildings, (2) removal of rat food supply, (3) trapping, and (4) poisoning. Attention is directed to the undesirability of using any of those methods that may be based upon the culture of bacteria, viruses, etc.

The objection to these lies in the fact that they are uncertain in their action, owing to rapid loss of virulence and, more important, they may be of distinct detrimental value in causing diseases that may be harmful to man. While these products are supposed to be harmless to human beings, it is a fact that the bacteria used belong to the food poisoning group of bacilli and may at any time develop a pathogenic power for man.

Rats may become carriers of such organisms in the same way that human beings become typhoid carriers. When such a possibility develops, the chance for human infection is extended greatly. These so-called biological rat exterminators are not used by the United States Public Health Service nor by other organizations that have had vast experience in the work of rat eradication. Experts in this sort of work advise strongly against the use of such products.

Digitized by Google

The Health Of the Child.

This is the golden age for children. Never in the history of the world have greater efforts been expended in promoting the health and welfare of children. Every possible activity for reducing infant mortality, for the prevention of disease, for the promotion of physical education and every other attribute for making child life better is being pursued by official and unofficial organizations throughout the world. One of the best reasons for advancing the interests of the child is because the child is the state. The individual hopes and interests of every citizen are wrapped up in the child. There is no more important work than that of providing proper environment and living conditions in the home, where the child starts its life career. Eugene Field said:

"It's right that the old should die,
but that a little harmless child
Should miss the joys of life and love—
that can't be reconciled."

The importance of promoting the interests of the child has been stressed by many of the world's famous men, among them Sir Arthur Neusholme, the celebrated British hygienist, who has said:

"The real wealth of the nation does not consist in its money, in the value of its trade, or in the extent of its dominion. These are valuable only as they help to maintain a population, and not only a part of it, of the right quality; men, women and children possessing bodily vigor, alert mind, firm character, courage and self control."

Sir George Newman, Medical Officer of Health of Great Britain, has said:

"A state can not effectually insure itself against physical disease unless it begins with its children," and George Bernard Shaw says,

"Neglected children cost more than well nourished ones to everybody except their immediate parents."

Herbert Hoover said recently:

"If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one."

During the Great War, Woodrow Wilson said:

"Next to the duty of doing everything possible for the soldiers at the front there could be, it seems to me, no more patriotic duty than that of protecting the children."

It is doubtful if anyone has ever made a more eloquent plea for the child than Dr. David Starr Jordan, Chancellor of Stanford University. He said:

"There is nothing in the world so important as little children, nothing so interesting. If ever you wish to go in for philanthropy, if ever you wish to be of any use in the world, do something for little children. We can dress the sore, bandage the wounded, imprison the criminal, heal the sick and envy the dead, but there is always a chance that we can *save* the child. If the great army of philanthropists ever exterminate sin and pestilence, ever work out the races' salvation, it will be because a little child has led them."

Fifty Laboratories Meet Board's Approval.

Certificates of approval for public health laboratory service, for the year 1925, have been issued by the California State Board of Health to fifty laboratories scattered throughout the state. Following are the names of the laboratories to which certificates for the calendar year have been issued:

Angelus Hospital, Los Angeles
Alameda County Health Center, Oakland
Alameda County Hospital, San Leandro
Alameda City Laboratory, Alameda
Bettin, Dr. Mona, Los Angeles
Berkeley Health Department Laboratory, Berkeley
Drs. Brem, Zeiler and Hammack, Los Angeles
Dr. H. E. Butka, Los Angeles
Dr. John Chain, Eureka
Children's Hospital, San Francisco
Glendale City Health Department, Laboratory
Hewitt Clinical Laboratory, Bakersfield
Dr. C. D. Holliger, Stockton
Kern General Hospital, Bakersfield
Lane and Stanford Hospitals
Lippman and Sugarman, San Francisco
Los Angeles County Health Department
Main Laboratory, Los Angeles
Whittier Branch
Alhambra Branch
Monrovia Branch
Redondo Branch
Pomona Branch
Little, Mabel, Oakland
Long Beach Health Department Laboratory
Los Angeles City Health Department
Moore-White Clinic, Los Angeles
Dr. Bessie Martell, Santa Ana
Drs. Oliver and Knapp, San Francisco
Oakland Health Department Laboratory
Orange County Health Department Laboratory
Pacific Wassermann Laboratory, San Francisco
Pasadena Health Department
Palo Alto Health Department
Pierson, Ruth, San Francisco
Richmond Health Department
Reich, Wm. W., Berkeley
Dr. Gustav Ruediger, Pasadena
San Joaquin Health District, Stockton
Santa Barbara Health Department
Cottage Hospital, Santa Barbara
Sacramento Health Department
Dr. J. R. Snyder, Sacramento
San Luis Obispo County Health Department
Sutter Hospital, Sacramento

Digitized by Google

San Fernando Health Department
San Francisco Health Department
Dr. Ernst A. Victors, San Francisco
White Memorial Hospital, Los Angeles
Western Laboratories, Oakland
Woodland Clinic Laboratory

Rules for Pneumonic Prevention.

Pneumonia can not be placed under absolute control, as yet, but individuals may, by caring for themselves properly, greatly lessen their chances of contracting the disease. The Detroit Department of Health has issued rules the observance of which may be useful in reducing the pneumonia hazard. These rules read as follows:

(1) Dress for the weather.
(2) When coming in out of the cold, heavily dressed, remove your heavy wraps immediately. Don't wait 10 or 15 minutes before doing so.
(3) If your clothes are wet, remove them, dry the skin, and put on dry clothes. Don't wait for them to dry on the body.
(4) When going out into the cold, dress warmly. After having put on heavy clothing, go out immediately; don't stand around and get overheated. Let your body gradually accommodate itself to the change from warm to cold.
(5) Don't exercise and then stand or sit around with the same clothing on. If possible go in and bathe and change your clothes after exercising. If this is impossible be sure that you have extra clothing to put on after exercising. If your clothes get wet, be sure to keep on exercising until you can change them.
(6) If the day is mild, but may grow colder, take extra clothing with you. Conversely, if the day is cold, but gets much warmer, remove the extra clothing.
(7) Don't take a warm bath and then go out into the cold. It is best to finish the bath with cool or cold water. If a warm bath is taken just before retiring, be sure that you get to bed immediately, and cover up well.

Dress in such a way as to gradually accommodate the body to changes which otherwise would be sudden.

Reducing diets ought not to be attempted without medical advice.

New Health Officers Receive Appointments.

Dr. V. G. Presson has been appointed health officer of Orange County to succeed Dr. W. Leland Mitchell, who has resigned to go with the International Health Board, New York City.

Dr. William B. Shepard entered his duties as city health officer of Berkeley, succeeding Dr. Frank L. Kelly, who devotes his whole time to his duties as assistant professor of public health administration in the University of California.

Mr. W. J. Duddleson has succeeded Mr. W. F. Cook as health officer of the city of San Luis Obispo.

Dr. K. H. Sutherland has been appointed health officer of San Luis Obispo county to succeed Dr. L. F. Badger, who has entered the United States Public Health Service.

Living by rule is difficult. Living by luck is hazardous.

Investigation of Scarlet Fever.

Highest susceptibility to scarlet fever exists from the ages of one to two years, according to the results of tests made with 7700 normal persons of different ages. Results of these tests are summarized by Dr. Abraham Zingher in the *American Journal of Public Health*. Nearly three-fourths of the children between one and two years of age were susceptible, but only 14.4 per cent of those from 20 years up. Dr. Zingher reports that investigations are being made to discover the results of immunization against scarlet fever and diphtheria in the case of 2000 children under 6 years of age. Records of these children, who have been immunized, are being kept for comparison with lists of scarlet fever and diphtheria cases developing during the coming year.

Don't expose your child or allow him to be exposed to contagious disease.

MORBIDITY.*

Diphtheria.

138 cases of diphtheria have been reported, as follows: Los Angeles 30, San Francisco 13, Oakland 14, Los Angeles County 12, Los Banos 5, San Diego 5, Berkeley 6, Alameda 5, Pasadena 5, Willits 1, Alameda County 1, Fresno County 3, Livermore 1, Alhambra 1, Long Beach 2, Sonoma County 2, Huntington Park 1, Hawthorne 3, Colusa 1, Sacramento 3, Chico 2, San Mateo County 1, Hanford 1, Tracy 1, Riverside 1, Coronado 1, Riverside County 1, Inyo County 1, Madera County 1, Madera 1, Ventura County 1, Stanislaus County 1, Modesto 2, Bakersfield 4, Sacramento County 2, Burbank 2, Sanger 1.

Scarlet Fever.

119 cases of scarlet fever have been reported, as follows: Los Angeles 26, San Francisco 11, Los Angeles County 11, Fresno County 9, Long Beach 6, San Diego 5, Orange County 5, Huntington Park 5, Gilroy 1, Santa Cruz County 1, Orange 1, Sanger 1, Ceres 1, Riverside 2, Coronado 1, Santa Ana 1, Lodi 2, Manteca 1, Lake County 2, Stockton 3, Berkeley 1, Daly City 1, Santa Clara County 2, Tuolumne County 1, Pittsburg 1, San Fernando 1, Sacramento 2, Oxnard 1, Redlands 1,

*From reports received on January 5 and for week ending January 3.

Digitized by Google

Redwood City 3, Taft 1, San Mateo County 2, Alhambra 1, Oakland 3, Santa Maria 1, Santa Barbara 2.

Measles.

31 cases of measles have been reported, as follows: Los Angeles 9, Los Angeles County 11, Pasadena 1, Redlands 1, Ontario 1, Inyo County 3, San Diego 1, Stockton 1, Redding 1, San Joaquin County 1, Santa Ana 1.

Smallpox.

85 cases of smallpox have been reported, as follows: Los Angeles 24, Los Angeles County 9, Oxnard 6, Oakland 16, Eureka 2, Berkeley 1, Orange County 1, Yuba City 4, Ventura 1, El Dorado County 4, Huntington Park 1, Alhambra 2, Redwood City 1, Ventura County 3, Sutter County 4, Sacramento 4.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Los Angeles 2, San Diego 1, Colusa 2, El Monte 1, Los Angeles County 2, Angels Camp 1, Santa Cruz 2, Stockton 1, Redondo Beach 1, Vernon 1, Sacramento County 1, Santa Maria 1.

Whooping Cough.

55 cases of whooping cough have been reported, as follows: Los Angeles 24, San Fernando 6, Los Angeles County 6, Santa Clara County 2, Long Beach 1, Fullerton 4, San Diego County 1, San Francisco 1, Elsinore 4, National City 1, Berkeley 1, Oakland 4.

Epidemic Meningitis.

San Francisco reported one case of epidemic meningitis.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Berkeley 1, San Francisco 1, San Diego 1, Oakland 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, 1 from Pomona and 1 from Santa Ana.

COMMUNICABLE DISEASE REPORTS.

Disease	1924–1925				1923–1924			
	Week ending			Reports for week ending Jan. 3 received by Jan. 6	Week ending			Reports for week ending Jan. 5 received by Jan. 8
	Dec. 13	Dec. 20	Dec. 27		Dec. 15	Dec. 22	Dec. 29	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	0	0	0	0	0	0	0
Chickenpox	291	233	172	216	169	152	113	184
Diphtheria	190	214	173	138	337	319	326	268
Dysentery (Bacillary)	4	1	1	1	1	0	1	0
Epidemic Encephalitis	2	1	2	2	4	1	2	4
Epidemic Jaundice	1	2	2	1	0	2	2	0
Gonorrhoea	89	59	73	64	134	89	90	104
Influenza	15	19	14	16	39	43	40	26
Leprosy	0	0	0	1	0	0	0	0
Malaria	1	1	1	1	3	3	6	0
Measles	39	49	20	31	370	311	455	347
Mumps	103	66	41	100	28	11	16	10
Pneumonia	66	68	112	71	111	79	114	79
Poliomyelitis	12	9	6	4	5	6	6	2
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	168	133	138	119	280	294	272	217
Smallpox	83	105	86	85	115	121	143	143
Syphilis	109	99	78	76	189	96	162	132
Tuberculosis	226	178	93	148	111	155	172	118
Typhoid Fever	31	10	6	14	17	20	9	4
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	60	77	75	55	28	15	18	27
Totals	1490	1324	1093	1143	1941	1717	1947	1665

CALIFORNIA STATE PRINTING OFFICE

o

36432 1-25 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 49 JANUARY 17, 1925 GUY P. JONES EDITOR

Los Angeles County Health Department Reports.

The Los Angeles County Health Department has made an accounting of its activities during the past year, which shows that this organization, under the direction of Dr. J. L. Pomeroy, has rendered efficient service to the people of Los Angeles County. The department exercised control over nearly 8000 cases of communicable disease, as against 5197 cases during the year 1923. The report states:

"The increase is due very largely to smallpox which caused nearly 1500 cases as against 368 of last year. Unfortunately, this disease, so simply controlled by vaccination, is but lightly regarded because the present epidemic is so mild. Nevertheless, a few cases of hemorrhagic smallpox have occurred with a very high death rate, so that we must warn the population against the grave menace of this ancient plague."

The laboratory division examined 16,000 specimens during the year. The sanitary division cared for 6000 complaints of unsanitary conditions. The dental division is composed of four dentists, one supervising oral hygienist and four dental hygienists. Fifty public health nurses are employed. The tuberculosis division has organized a large clinic in cooperation with the Los Angeles County Tuberculosis Association and the White Memorial Hospital. This clinic cares for 400 patients every month and has six branch clinics in various parts of the county.

Concerning the organization of the department, the report states:

"The County Health Department functions not only in the rural districts but also in a large number of the incorporated cities of the county. For several years, the department has cooperated with something like half of the cities in the county, establishing in those cities a district, or local organization. During the year, two new cities, Maywood and South Gate, joined the county organization, and three others, Huntington Park, Whittier and Alhambra, renewed their agreements for additional periods of time.

The County Health Office maintains branch offices at Pomona, Monrovia, Whittier, Alhambra, Huntington Park, Redondo and Belvedere. Each of these offices really consist of a small complete health department. This is one of the special features of the County Health Office and this department was the first county department to decentralize in order to give the people more efficient service.

Starting from a one-man office in 1915, at which time the health officer covered only the country districts, the department has developed to include not only the rural districts but a large percentage of the cities as well, employing now from 200 to 600 employees.

In addition to cooperating with cities, however, some fifty nurses are doing the work not only for the health office but for 101 of the 157 school districts. This is another feature of the county health work which endeavors to avoid duplication and overlapping of work wherever possible. The department also purchases supplies for these school districts, thus

Digitized by Google

effecting a considerable economy and increase of efficiency."

Dr. Pomeroy states that the greatest needs of his department are improvement in housing conditions, protection of water supplies, development of a county-wide system for better care of the indigent sick locally, and a more intensive effort in better disposal of refuse and garbage.

Ohio Issues Bi-weekly Bulletin.

The Ohio State Department of Health has begun the publication of *Ohio Health News*, published bi-weekly. The monthly publication, *Ohio's Health*, has been discontinued as a monthly but will be continued as a quarterly. This action is in line with that of the New York State Department of Health and the California State Board of Health. The only states issuing weekly publications on public health are California, Connecticut and New York.

Inform Householder How to Handle Refuse.

The city manager of Chatham, Ontario, Mr. C. H. R. Fuller, has written a valuable article upon the subject of garbage and trash collection, printed in the *Canadian Engineer* for October 14, 1924.

In this article the collection and disposal of house refuse is discussed and it is pointed out that each case is a separate problem requiring careful investigation. Informing the householder of the correct methods of handling refuse is an important part of the work. In a recent survey of 100 "city manager" cities, 52 reported using motor trucks and 43 horse-drawn vehicles. Collection costs reported varied from $0.35 to $5.80 per ton. Cost of collection and haulage to incinerator 1½ miles distant by horse-drawn vehicles under contract in Chatham is $1.50 per ton. Use of tractor and trailers where long hauls are involved is reported to have saved the city of Milwaukee in excess of $200,000 per year and Winnipeg is said to have reduced cost from $4.03 to $1.70 per ton by the adoption of this system. Methods of disposal, including dumping, hog feeding, reduction and incineration are described and discussed briefly. The latter system is in use in Chatham, dealing with 3000 tons per annum from a populaton of 14,500. Operating cost total $0.55 per ton and the carrying charges on the 10-year bond issue during 1923 was $1.43 per ton of refuse dealt with.

Too Many Deaths From Carbon Monoxide.

Warnings of the danger in carbon monoxide poisoning, due to failure to connect gas appliances with vents leading to outside air, as well as the danger of this type of poisoning in running a motor in a closed garage, have been printed in this publication during the past few months. Radio talks upon these subjects have also been radiocasted from Station KGO. The health officer of Berkeley, Dr. William P. Shepard, and the health commissioner of Los Angeles, Dr. George Parrish, have also published similar warnings, recently, in local newspapers. There have been far too many accidental deaths from carbon monoxide and definite action in their prevention must be taken. A committee for investigating the problem in Los Angeles has been appointed and a campaign of education for the general public in that city has been undertaken.

Dr. Parrish, as a first step in the campaign started in Los Angeles, has issued a set of rules for preventing carbon monoxide poisoning. They read as follows:

"Do not sleep in a room in which a gas stove is burning.

It is suggested that all gas appliances be vented to the outside air.

You should not use a heater in a room which has no ventilation.

Do not bathe in a bathroom while a stove is burning and the doors and windows are closed.

Do not operate any water heater which is not vented to a chimney.

Do not permit solid tops on cooking ranges or wash boilers to smother flames which are turned too high.

Do not permit gas leaks in your piping appliances.

Do not continue to breathe air which causes your eyes, throat, and nostrils to smart, or gives you a headache or tired feeling."

Western Grown Lettuce vs. Eastern Grown Oysters.

Health officers in far-distant localities are attempting to fasten the blame for sporadic cases of typhoid fever in their communities upon the consumption of lettuce grown in California. That is much easier and more glorifying than to perform the necessary routine work that search for a typhoid carrier involves. Just at the time when we have succeeded in providing definite information that the

Digitized by Google

human carrier is responsible for most of the sporadic cases of typhoid, our far-distant health officer friends upset our progress by accusing a poor inanimate head of lettuce, which has spent many days in traveling across the continent, of causing typhoid in an eastern state. Perhaps we should retaliate by refusing to eat eastern grown oysters, but we prefer to apply modern methods in preventive medicine and not place unwarranted suspicion upon these poor inanimate objects that have traveled many a weary mile to provide us with gastronomic pleasure. How human it would be if California lettuce were received in eastern states with equal cordiality!

RADIO HEALTH TALK.

Radiocasted from Station KGO, Oakland, January 12, 1924.

Cook Pork Thoroughly.

During the winter months, roast pork and fried pork chops are favorite meat courses on many a family table. These meat dishes are almost always served with baked apples or apple sauce and it is certain that the mouths of many listeners are watering even now at the mere mention of the words, "roast pork and apple sauce." Charles Lamb gave roast pork immortal fame in his essay which relates how it was discovered. In a very charming style he tells of the Chinaman whose house was destroyed by fire, burning his favorite pig to death. While rummaging in the ruins the Chinaman stuck his fingers into the hot pig, burning them painfully. He promptly put his burned fingers in his mouth and so—the delights of roast pork were discovered.

And many a heart is stirred at sight of a nicely-browned suckling pig with an apple in his mouth, reposing in a bed of holly loaded with festive red berries.

But all of this poetry of the pig must stop. It is sad to relate, but nevertheless true, that pork is a dangerous food to eat unless it is thoroughly cooked. Trichinosis, a severe and very uncomfortable disease, may be contracted by eating infected pork which has not been cooked sufficiently. It is estimated that about one to two per cent of American hogs are infected with this disease. It is also commonly found in rats. In fact, rats and hogs constitute natural reservoirs of this infection and the disease is passed from rat to hog and hog to rat in continuous cycles.

The parasites that cause trichinosis are readily destroyed by heat. A temperature of 160 degrees Farenheit kills them. Fresh pork should always be cooked until it becomes white and bears no trace of red in any portion of the meat. Very often roast pork is served teeming with red juices in the center of the piece, while the surface portion is well done. Care should be taken in cooking the meat sufficiently long to insure it to be thoroughly done throughout.

Most dry salt pork, pickled pork and smoked pork products are generally rendered safe against trichinosis by the curing process. Since the curing process is not always thorough, however, such meat should be cooked before it is eaten. Many people born in foreign countries are in the habit of eating a pork sausage which is not cooked sufficiently. Trichinosis appears frequently among these people and the death rate for the disease is very high among them. Before you eat your roast pork or sausage it is well to make certain that it has been cooked thoroughly. We may have taken away, temporarily, the poetical and traditional fancy associated with roast pork, but we may also have safeguarded human life and prevented much suffering. And if we cook our pork thoroughly we can still be romantic over our chops.

Disease is a crime; a man has no moral right to be sick.—C. G. Finney.

MORBIDITY.*

Diphtheria.

141 cases of diphtheria have been reported, as follows: Los Angeles 38, San Francisco 19, Berkeley 5, Bakersfield 5, Los Angeles County 14, Corona 1, Sonoma County 2, El Segundo 2, Pomona 1, Whittier 1, Stockton 3, San Mateo County 1, Monterey County 5, Stanislaus County 1, Salinas 1, Sacramento 1, Richmond 2, Arroyo Grande 1, Paso Robles 1, Santa Cruz 2, Redwood City 1, Glendale 1, Roseville 2, Auburn 1, San Jose 1, Chowchilla 1, Alameda County 3, Gridley 2, Siskiyou County 1, Santa Clara County 2, Vallejo 1, San Diego 2, Merced County 3, Antioch 2, Pasadena 2, Kern County 1, Visalia 1, Tulare County 1, Oakland 9.

Scarlet Fever.

158 cases of scarlet fever have been reported, as follows: Los Angeles 39, San Francisco 10, Long Beach 10, Kern County 9, Los Angeles County 8, Santa Clara County 6, San Diego 6, San Jose 6, Tulare County 6, Santa Ana 5, Corona 1, Gilroy 1, Redlands 2, Riverside 1, San Diego County 2, San Fernando 1, Huntington Park 1, Alameda 1, Stockton 4, Tuolumne County 1, Porterville 1, San Joaquin County 4, Manteca 2, Fresno County 2, San Bernardino County 1, Glendale 1, Madera 1, Redwood City 2, Sacramento 1, Los Gatos 2, Claremont 1, Visalia 3, Orange

*From reports received on 13th for week ending Janua

Digitized by Google

County 4, Orange 2, Perris 1, Marysville 2, Oakland 8.

Measles.

32 cases of measles have been reported, as follows: Los Angeles 20, Santa Clara County 1, San Francisco 1, San Diego 2, Los Angeles County 3, Beverly Hills 1, Sacramento 1, Ventura 1, Orange County 1, Pittsburg 1.

Smallpox.

108 cases of smallpox have been reported, as follows: Los Angeles 27, Los Angeles County 12, Oxnard 10, San Francisco 5, Marysville 5, Sutter County 6, Kern County 7, Orange County 7, El Dorado County 1, Imperial County 3, Beverly Hills 1, Eureka 2, Covina 1, Yuba City 1, Sacramento 2, Venice 1, Long Beach 1, San Bernardino 1, Lassen County 2, Manhattan Beach 1, Montebello 1, San Diego 2, Visalia 1, Oakland 8.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: Los Angeles 2, Pasadena 1, San Francisco 4, Pinole 1, Stanislaus County 1, Colusa 1, Brea 2, Stockton 1, Siskiyou County 2, Orange 1, California 1, Oakland 2.

Whooping Cough.

134 cases of whooping cough have been reported, as follows: Los Angeles 34, San Francisco 16, Compton 10, Berkeley 9, Fullerton 6, Monterey County 5, Pasadena 5, Santa Clara County 4, Long Beach 1, Beverly Hills 2, San Diego 4, Los Angeles County 4, South Gate 3, Alhambra 2, Huntington Park 3, Whittier 4, Alameda 3, Stockton 1, San Joaquin County 1, Glendale 3, Venice 4, San Jose 2, Salinas 1, San Luis Obispo County 1, Sausalito 2, Visalia 1, Chula Vista 1, Oakland 2.

Poliomyelitis.

Three cases of poliomyelitis have been reported, as follows: Sacramento 1, Los Angeles 2.

Plague.

Los Angeles reported one case of bubonic plague.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1924-25				1923-24			
	Week ending			Reports for week ending Jan. 10 received by Jan. 13	Week ending			Reports for week ending Jan. 12 received by Jan. 15
	Dec. 20	Dec. 27	Jan. 3		Dec. 22	Dec. 29	Jan. 5	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	233	172	249	337	152	113	223	451
Diphtheria	214	173	157	141	319	326	273	304
Dysentery (Bacillary)	1	1	5	3	0	1	0	0
Epidemic Encephalitis	1	2	2	1	1	2	5	2
Epidemic Meningitis	2	2	2	0	2	2	0	2
Gonorrhoea	59	73	66	72	89	90	108	74
Influenza	19	14	21	37	43	40	31	47
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	1	1	0	3	6	0	1
Measles	49	20	35	32	311	455	432	515
Mumps	66	41	106	117	11	16	20	19
Plague	0	0	1	1	0	0	0	0
Pneumonia	68	112	124	100	79	114	94	128
Poliomyelitis	9	6	4	3	6	6	2	0
Scarlet Fever	133	138	129	158	294	272	251	250
Smallpox	105	86	96	108	121	143	152	230
Syphilis	99	78	75	105	96	162	133	152
Tuberculosis	178	93	158	186	155	172	127	204
Typhoid Fever	10	6	22	19	20	9	5	9
Whooping Cough	77	75	64	134	15	18	28	36
Totals	1324	1093	1317	1644	1717	1947	1884	2424

CALIFORNIA STATE PRINTING OFFICE

o

36432 1-25 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT
FRED F. GUNDRUM, M. D.
VICE PRESIDENT
A. J. SCOTT, JR., M. D.
EDWARD F. GLASER, M. D.
ADELAIDE BROWN, M. D.
ROBERT A. PEERS, M. D.
WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 50 JANUARY 24, 1925 GUY P. JONES EDITOR

Prevent Pneumonia in Young Children.

Pneumonia is generally thought of as a disease of adult life. It is also an important cause of death among infants and young children. The Detroit Department of Health has issued a set of rules for the prevention of pneumonia in young children. The following instructions are worth reading and remembering:

"Why do babies get pneumonia and die from it? One reason is that babies and little children get colds and the colds are not given sufficient attention and run into pneumonia. Another is that all too often children just getting over some other infection like measles, whooping cough, scarlet fever, or diphtheria, are allowed to get up as soon as they begin to feel better and as a result, in their weakened condition, they fall easy victims to the pneumonia germ which is always lying in wait for them.

How we can help to prevent pneumonia in babies and small children:

(1) Don't let him catch cold.

(2) Use even more care in dressing the little tot for changes in temperature than you would for yourself?

(3) Don't change from a cold room to a warm one, or vice versa, without changing his clothes.

(4) Be sure that the room in which you bathe the baby is thoroughly warm. Dry him thoroughly as soon as his bath is over.

(5) Don't kiss the baby on the mouth. Even if you don't think you have a cold you may have germs in your mouth which don't bother you but which may hurt him. Remember the youngster hasn't developed any immunity. He can't stand the things that you can.

(6) If you have a cold keep away from the baby if possible. Be sure that you don't cough or sneeze near him.

(7) Be sure to thoroughly wash your hands before touching the small child.

(8) If the child does get a cold call your physician and take painstaking care of it. A cold is not to be laughed at, especially in a small child. Don't let it run into pneumonia.

(9) Take particularly good care of the child convalescing from some infection as measles, whooping cough, etc., or any other illness which may have weakened his resistance. All illnesses do weaken the resistance. It is when the patient appears to have recovered from his illness and when he is feeling better or all right that he so often falls prey to some other infection—very often pneumonia. Care after the child is getting better is often just as important, sometimes more so, than care while he is actually sick. Don't feel that just because he is feeling all right, he can be allowed to do anything he wants to. Your physician will tell you what to do. Be sure you do it.

Remember that the germ causing pneumonia is often present in the nose and throat. It won't do any harm as long as the body is in a good healthy condition. Don't let the germ get a foothold."

If YOUR health and MY health are assured, and the health of YOUR community and of MY community is safeguarded, we don't have to worry about OUR health and the health of OUR communities.—Ohio Health News.

Digitized by Google

A Health Officer Writes to Physicians.

Dr. J. J. Sippy, health officer of the San Joaquin County Local Health Unit, has made an analysis of diphtheria morbidity and mortality in his district and has submitted his findings to the physicians of the community. The circular letter forwarded to these practitioners follows:

STOCKTON, CALIFORNIA,
January 15, 1925.

DEAR DOCTOR:

Although diphtheria prevalence and deaths in San Joaquin County in 1924 were much lower than the average of five preceding years, there was an increase over that of 1923.

As opposed to 149 cases and 5 deaths occurring in 1923, 162 cases and 10 deaths occurred in 1924, a fatality rate of 35.2 per 1000 cases in the first instance, and of 61.8 per 1000 in the second. The morbidity rate per 100,000 population in 1923 was 163, the mortality rate 5.5. The morbidity rate in 1924 was 174, the mortality rate 10.7. Eleven carriers were discovered in 1923, 45 in 1924. Cases, carriers and deaths by age group for the two years were as follows:

	1923			1924		
	Cases	Carriers	Deaths	Cases	Carriers	Deaths
Under 1 year	5	--	--	2	--	--
1 to 2 years	9	1	--	12	4	1
3 to 4 years	11	1	--	28	4	3
5 to 9 years	56	5	3	59	11	4
10 to 14 years	14	1	2	17	12	1
15 to 19 years	11	2	--	7	1	--
20 to 29 years	24	--	--	16	3	1
30 to 39 years	10	--	--	14	3	--
40 to 49 years	6	--	--	7	1	--
50 to 59 years	1	--	--	--	--	--
Not stated	12	1	--	--	--	--

It is of interest to note that of the five deaths occurring in 1923, one occurred in 24 hours after onset, three in 48 hours and one occurred in two weeks from a complicating heart condition. In all but the last, antitoxin was delayed until only 1 to 4 hours before death. In the 1924 series, one complicated with meningitis died in 2 days after onset, three in 3 days, one complicated with measles in 7 days, one in 8 days, one in 11 days, one in 4 weeks, one in 6 weeks and one in 3 months. The last four suffered from complicating heart lesions, following an apparent recovery from the acute angina. One four-year-old who died in November, after an 8-day illness, had suffered a serious attack of diphtheria 4 months previously, and a liberal amount of antitoxin was administered in each instance. Apparently there are certain individuals who can not develop immunity.

Of the 1923 cases, 147 were white, 1 Japanese and 1 Chinese; in 1924, 159 were white, 1 black and 2 Chinese. Occurrence by month was:

	1923	1924
January	15	15
February	10	8
March	13	27
April	6	23
May	8	11
June	14	17
July	8	12
August	8	2
September	15	7
October	18	22
November	25	9
December	9	9

Few conclusions can be drawn from any of these data, but by way of comment it is pertinent to note an increase of cases in the "under five year" age groups, and practically no increase in the "five to nine" age group, and to inquire whether this is coincidence, or due to the immunization by toxin-antitoxin of approximately 40 per cent of school children from 6 to 10 years. There is also the probability that there was practically no actual increase of cases during 1924, but only an apparent increase due to vigilance in discovery and reporting of cases. Certainly this latter accounts for the apparent increase in the number of carriers, and there is no pretense that 45 represents anywhere near the actual number of carriers at large, and who are in the majority of instances responsible for the spread of diphtheritic infections.

Dr. Clifford D. Sweet of Oakland, in a recent address to the San Joaquin County Medical Society, made the statement, "that in anti-toxin we have a most certain specific against diphtheria, and our fatalities may be limited through its use *if administered early* and if *administered in sufficient dosage*. There is no danger of our giving too much but there is grave danger that we may administer too little.

He further urged that physicians (1) take throat swabs on every case of tonsillitis as a routine and (2) that in every sore throat clinically suspicious of diphtheria, antitoxin be administered immediately without waiting on laboratory reports.

May we add one other admonition, viz: A case *sufficiently suspicious to call for antitoxin* is *suspicious enough to be reported* to the health officer for isolation and investigation of contacts for possible carriers. Without such cooperation on the part of every physician, no health department can ever hope to eliminate the disease from the community.

We know we can diminish diphtheria in 1925 if we have your help. Can we count on it?

JOHN J. SIPPY, M.D.,
District Health Officer.

Digitized by Google

"We Are in Good Health."

The above caption appears over an editorial published in the Stockton *Record* for January 2, 1925. This editorial is reproduced here because it tells in concise form what have been the achievements of one of the most successful full-time health units in the country. There is no reason why any county in California can not produce equally successful results in saving the lives of its citizens.

The San Joaquin County Local Health District, the first of its kind organized in the United States, has just closed a year of remarkably successful service. In view of the long sustained effort made to cripple the new public health service by calling into question the validity of the law under which the district was organized—an attempt which, by the way, failed in all the courts—the record attained by Dr. John J. Sippy and his able and faithful assistants is of unusual public interest. The records for 1924 show that the lives of 153 persons of San Joaquin county were in effect saved, since the death rate for 1924 was much lower than that of the four previous years. Had the rates of these previous years obtained, Dr. Sippy explains, there would have been 153 more deaths than there were during the year. The death rate in 1920 was 14.2; in 1921 it was 14.4; in 1922 it was 14.5, and in 1923 it was 14.4, remaining practically stationary in these years; but in 1924 it dropped to a provisional rate of 12.8, which means that 153 fewer persons died than would have if the previous rate obtained. These rates, which are per thousand population, exclude deaths at the Stockton state hospital, whose inmates are, of course, not a part of the county's population, since they come from all over the state.

Dr. Sippy very modestly refrains from claiming for his organization the credit for all of this splendid showing. "Sometimes things just happen by coincidence," says the district health executive, "and it may be that this is just a matter of coincidence. At any rate we are very happy over it."

However, we will choose to believe that the splendid showing made has not been due to hit or miss. Undoubtedly the systematic and scientific treatment of the important subject of public health is reflected in the vital statistics just published. It will be noted that a part of the saving of 153 lives is that of baby lives. In 1920 the infant death rate (which is computed from the deaths of infants under 1 year of age per thousand live births) was 100.7. In 1921 it was 90.2; in 1922 it was 89.5; in 1923 it was 69.9; but in 1924 it fell to 57.5, which was a saving of twenty-three baby lives over the previous year.

Since the health district maintains a baby clinic and a system of home visitation by nurses specially trained in the science of baby care and feeding, the district may reasonably lay claim to having reduced the percentage of infant mortality. If it has done so the work of the district is worth many times all that it has cost the taxpayers. The health nurses have been remarkably successful in getting in touch with expectant mothers and in giving them eagerly accepted advice during the critically important prenatal period, thus laying the foundations for the future health of their babes.

When it is remembered that the members of Dr. Sippy's staff remained loyal to the service and stayed on the job for months with possible prospects of no pay, the county's debt to them becomes more apparent. They are now being compensated in a measure by having their work studied by health experts from elsewhere with a view to copying the system. To Dr. Sippy and his assistants, the *Record*, on behalf of the community, tenders an expression of thanks and best wishes.

PICKING ON THE OYSTER.

The oyster is in an unfortunate position. It never asked to be eaten, much less to have its feeding grounds polluted with sewage. It can not stand in its own defense. So it lies today, but under suspicion by state and city health officials at a conference in New York City because just now there is an excess of typhoid fever and nothing to blame it on except the defenseless oyster. The wisdom of the warnings against eating uncooked oysters for a time we do not question—although we venture the opinion that a fair percentage of those who sat on the oyster emulated the walrus and the carpenter at the lunch or dinner following. Not many years ago the number of cases of typhoid now being reported each week would have attracted no attention, unless because they were lower than usual. The attention given a relatively few typhoid cases today is a tribute to the health officer and sanitary engineer who together have gone far towards eliminating what was within a decade or two a blot on this country. Although no suspicion of public water supplies have been uttered during the present rise in typhoid, it would be well for everyone responsible for the quality of such supplies to examine his defenses lest the old enemy slip in through some poorly guarded point. And some definite facts about the oyster would be worth while.—Engineering News-Record, December 25, 1924.

MORBIDITY.*

Diphtheria.

130 cases of diphtheria have been reported, as follows: Los Angeles 36, San Francisco 16, Los Angeles County 5, Alhambra 6, Oakland 2, Maywood 1, South Gate 1, Hermosa 2, Berkeley 2, Kern County 1, Riverside 3, San Jose 2, El Cerrito 1, Santa Clara County 3, Hawthorne 1, San Diego County 2, Merced County 4, Williams 1, Bakersfield 3, Rich-

*From reports received on January 19th and 20th for week ending January 17th.

Digitized by Google

mond 3, Chico 1, Livermore 1, Burbank 1, San Leandro 3, Turlock 1, Whittier 3, Modesto 2, Stanislaus County 2, Santa Cruz 1, Sacramento 3, San Diego 2, Hanford 2, Stockton 3, San Joaquin County 1, Santa Barbara 2, Butte County 1, Sunnyvale 2, Fresno County 1, Auburn 1, Paso Robles 1, Alameda County 1.

Scarlet Fever.

159 cases of scarlet fever have been reported, as follows: Los Angeles 36, Los Angeles County 13, San Francisco 16, San Diego 10, Long Beach 5, Sacramento 5, Orange County 6, Oakland 6, Richmond 1, Santa Clara County 1, Lincoln 1, Chico 1, Santa Ana 3, San Fernando 1, Orange 3, Burbank 2, Redwood City 2, Stockton 2, Monterey Park 3, San Diego County 3, Fullerton 2, San Joaquin County 1, Santa Monica 1, Pasadena 2, Bakersfield 2, Riverbank 1, Santa Barbara 2, Williams 1, Hermosa Beach 1, Huntington Park 1, Redondo Beach 2, Kern County 4, Fresno County 2, Colfax 1, San Jose 4, Riverside 2, Alameda 3, Hanford 2, Madera 1, Fresno County 3, Alameda County 1.

Measles.

52 cases of measles have been reported, as follows: Los Angeles 16, Inyo County 10, Los Angeles County 5, San Francisco 4, Alhambra 1, El Monte 1, Sacramento 2, Fresno County 1, Venice 1, Santa Ana 1, San Joaquin County 1, San Diego 4, Long Beach 1, Stanislaus County 1, Alameda County 3.

Smallpox.

180 cases of smallpox have been reported, as follows: Los Angeles 46, Los Angeles County 39, San Diego 10, Butte County 10, Sacramento 9, Oakland 16, Beverly Hills 5, Orange County 8, El Dorado County 5, San Francisco 5, Sutter County 7, Hollister 2, Ventura County 1, Redwood City 3, Long Beach 2, San Diego County 2, South Pasadena 1, Yuba County 1, Palo Alto 1, Alhambra 1, Berkeley 1, Hawthorne 1, Kern County 4.

Typhoid Fever.

6 cases of typhoid fever have been reported, as follows: San Francisco 1, Oakland 1, Tracy 1, Fresno County 2, Los Angeles 1.

Whooping Cough.

140 cases of whooping cough have been reported, as follows: Los Angeles 35, San Francisco 12, Fullerton 9, Oakland 9, Los Angeles County 8, Maywood 7, Berkeley 7, Santa Clara County 6, Long Beach 3, South Pasadena 4, Whittier 3, South Gate 1, Hawthorne 4, San Jose 4, Compton 1, Los Angeles County 1, Pomona 2, Monrovia 2, Salinas 1, Fresno County 3, Monterey County 2, San Diego County 3, Stockton 4, Palo Alto 3, Pasadena 1, Pittsburg 1, Escondido 4.

Epidemic Meningitis.

2 cases of epidemic meningitis have been reported, as follows: Berkeley 1, San Diego 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Alameda 1, Ventura County 1.

Plague.

Los Angeles reported 1 case of plague.

COMMUNICABLE DISEASE REPORTS.

Disease	1924-25				1923-24			
	Week ending			Reports for week ending Jan. 17 received by Jan. 20	Week ending			Reports for week ending Jan. 19 received by Jan. 22
	Dec. 27	Jan. 3	Jan. 10		Dec. 29	Jan. 5	Jan. 12	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	172	249	346	337	113	223	463	313
Diphtheria	173	157	143	130	326	273	291	326
Dysentery (Bacillary)	1	5	3	1	1	0	0	0
Epidemic Encephalitis	2	2	1	0	2	5	2	5
Epidemic Meningitis	2	2	0	2	2	0	3	4
Gonorrhoea	73	66	118	69	90	108	78	134
Influenza	14	21	38	22	40	31	52	39
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	1	0	1	6	0	1	2
Measles	20	35	37	52	455	432	616	472
Mumps	41	106	121	173	16	20	23	32
Plague	0	1	1	1	0	0	0	0
Pneumonia	112	124	98	88	114	94	139	112
Poliomyelitis	6	4	4	2	6	2	0	3
Scarlet Fever	138	129	163	159	272	251	275	343
Smallpox	86	96	121	180	143	152	233	344
Syphilis	78	75	197	109	162	133	181	163
Tuberculosis	93	158	197	282	172	127	231	155
Typhoid Fever	6	22	23	6	9	5	13	4
Whooping Cough	75	64	139	140	18	28	51	40
Totals	1093	1317	1750	1754	1947	1884	2652	2491

CALIFORNIA STATE PRINTING OFFICE

O

76432 1-25 3750

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 51 JANUARY 31, 1925 GUY P. JONES EDITOR

MIGRATION AND THE SPREAD OF DISEASE.*

By WALTER M. DICKIE, M.D., Secretary, California State Board of Health.

Migration within the United States, with its relation to the spread of communicable diseases, is a story in itself. Cholera entered New Orleans in 1848, and was "dragged across the continent" to California in 1849. Sacramento, in 1850, suffered more from cholera than any other community in the state. There were at least 200 deaths from the disease in that village settlement during the period of a few days. Malaria, too, was brought into California in the days of gold, where it has remained ever since in some of the interior valleys. Hookworm in the late '90s appeared in various parts of California, but chiefly in the deep gold mines, where ideal conditions as to moisture and temperature favored the development and transmission of the disease. The original cases, undoubtedly, were in Austrian miners and workers from other European countries, who came from infected districts of their native lands. Hookworm among a colony of Porto Ricans was discovered in California several years ago. At that time there was extensive migration of laborers from Porto Rico, which was then infected with hookworm, to Hawaii. These Porto Rican laborers came into California from Hawaii in considerable numbers and it was only by the exercise of stringent control measures that the disease was kept in check in this state. Typhus fever is endemic in Mexico, and it is safe to state that cases will appear from time to time among the Mexicans in California. Our high standards of living and our general good sanitary conditions would seem to prevent the possibility of this disease becoming endemnic throughout the state. With large numbers of Mexicans drifting into California at all times, however, the disease is a constant menace.

There has been extensive migration of so-called "poor whites" from Kentucky and Tennessee into the Imperial Valley. Last year it was found that large numbers of native children in the Imperial Valley were suffering from trachoma. Infected individuals from Kentucky and Tennessee are undoubtedly responsible for the appearance of trachoma in this valley. There is great danger from these chronic diseases, whose encroachment is always insidious.

The Automobile.

The development of automobile transportation during the past twenty years has greatly facilitated the removal of individuals from locality to locality throughout the whole United States. The automobile has become a factor—a pronounced factor—in the transmission of communicable diseases. Typhoid fever and malaria are commonly transported by way of automobiles. During the past two years in California, no less than 100 cases of typhoid fever have been brought into this state from other states of the Union. It is very common for cases of

* Extract from an address delivered at Stanford University Medical School, January 23, 1925.

Digitized by Google

typhoid fever to be transmitted from country to city. The same is true of malaria. Vacationists traveling by automobile visit a malaria-infected community and develop the disease upon their return to the city. The same is true of typhoid fever. Large numbers of cases occur in California cities each year, many of which have been contracted in rural parts of the state. Smallpox of a virulent type has been more prevalent in the United States during the past two or three years than it has been for many years heretofore. Cases of this virulent type have been brought into California. During the very severe outbreak in Denver a few years ago, two or three cases appeared in California in persons who had come direct from Denver, but who did not develop the disease until after their arrival in this state. Virulent smallpox from Mexico appears frequently in our communities.

The high tuberculosis death rate in California is largely a product of migration. Although every possible device has been used to urge the tuberculous without funds, in other states, not to come to California but to stay home, there is little diminution in the migration of these unfortunate persons. Colorado is the only state that has a higher tuberculosis death rate than California. The reason for this high rate is also found in the intensive migration of the tuberculous to Colorado. To be sure, there is no desire to check the migration of those who are able to afford proper facilities for care and treatment. Our present knowledge of tuberculosis indicates that the disease is largely a product of infection in childhood, and that its transmission during the adult period of life is a rather rare occurrence. Mention should be made of the almost complete destruction of the American Indian by tuberculosis. Before the white men came, this disease was unknown among Indians. Possessing no immunity, these natives of America rapidly fell victims to the disease. Smallpox and measles, also, are said to have taken off large numbers of these original Americans. Measles killed off most of the South Sea Islanders many years ago, when the disease, hitherto unknown in the islands, appeared there.

The Airplane.

Mention must be made of the part that the airplane may play in the rapid transfer of infectious diseases. Rabies, by means of the exclusion of dogs, had been completely eradicated from England, until 1918, when a French aviator, landing England, brought with him a dog which escaped shortly after landing. Rabies, in due season, made its appearance, and has only recently been brought under control in England. The airplane may involve many new problems in the transmission of migratory diseases. Its high speed enables it to bring severe diseases, having short periods of incubation into virgin territory, without any way of determining the importation of the infection. Long sea voyages are an advantage in the control of disease, for the period of the voyage is often longer than the incubation period of the disease. Symptoms appear before the ship reaches port and the application of control measures is easily effected. With travel by airplane, it may be necessary to establish a period of detention for all immigrants arriving by airplane, in order that they may be placed under observation.

Gives Vaccinations for Christmas Gifts.

Dr. David B. Fields of Weaverville, Trinity County, provides free vaccinations against smallpox as his Christmas gifts to the school children of his community. He would have to search far in order to find a gift of more practical value than this safeguard against future suffering. He writes:

"In order to get the children vaccinated against smallpox I had notices printed in the local paper and on the sign boards, offering to vaccinate all school children free, during the holidays, and I have succeeded in vaccinating seventy-five with very fine results. I bought my own virus and gave free dressings to those who needed after attention. I told the children that this was my Christmas present to them and that I would see that no bad results followed. Consequently, I established confidence among them and succeeded in getting a great many vaccinated who would not have been vaccinated if they had been required to pay for it. I feel that I have helped the worthy cause of vaccination along and have overcome, in a degree, local prejudice against vaccination. I think that it would be a good thing if all doctors and health officers would, voluntarily, do vaccinations free during holidays and vacations."

Weaverville is a town of about one thousand inhabitants, located fifty miles from a railroad. Dr. Fields, in making these individual gifts to the children also made a gift to the whole community—insurance against the financial and physical losses that the presence of a smallpox outbreak always incurs.

Digitized by Google

It Pays to Keep Well.

Health Talk Radiocasted from Station KGO.

An old philosopher once said, "The first condition of success in the world is to be a healthy animal and the first condition of national prosperity is that the nation shall be composed of healthy animals. That, however, is not all. Not only does it often happen that the outcome of a war depends upon the strength and bravery of the troops, but in industrial struggles also, victory depends upon the physical strength of the producers."

Man is just as much capital as a horse or a machine, for which the cost price, depreciation and probable output must be considered. His output depends altogether upon his health and his physical, intellectual and moral value. During the active period of his existence, a healthy man produces, normally, more than he consumes, from birth to death. During illness or disability, he produces less or ceases entirely to produce, in some cases becoming a burden to society as a whole. Healthy adults must produce for the nonproducers, children, aged, sick and infirm.

Preventable illness causes enormous financial losses every year. It has been determined that, at present, out of every thousand white persons over fifteen years of age, twenty-two are seriously ill at the same time. This would indicate that more than two per cent of American wage earners are constantly so sick as to be incapacitated for the ordinary pursuits of life. This results in an annual economic loss of many millions of dollars.

Conditions are improving, however, and the rate of sickness among wage earners in the United States is getting lower. As a matter of fact, this steady improvement in the health of Americans and the resultant increased earning power plays a big part in making our national prosperity. By fighting the causes of sickness much is being accomplished in safeguarding human life—the most valuable form of capital in the world. By preventing avoidable illness and premature deaths and by reducing the unproductivity caused by illness the whole nation is made more prosperous. Illness is an expensive luxury to the individual concerned and it also reduces the prosperity of everyone else. It pays to keep well and it pays to have your friends and neighbors keep well.

In the prevention of disease, man is considered not only as an individual, but also as a group element, a unit participating in the formation of human capital—a link in the chain of the race. For this reason, the health of one individual concerns the health of all. The more of us who are sick, the more miserable and the less prosperous are the rest of us. It pays everyone to keep well all of the time.

Health Officer Issues Rabies Warning.

Dr. W. P. Shepard, health officer of Berkeley, following the recent discovery of two rabid dogs in his city, promptly issued a warning to the residents of Berkeley. His statement is a clear and concise recital of the best procedures to take in the prevention of this disease. The warning follows:

"1. Avoid stray dogs. Dogs not having licenses are being collected by the city pound master as fast as possible.

2. Dog owners must license their dogs immediately if they wish to save them from the city pound. For the next few weeks, dogs should be confined to yards and not allowed to run at large.

3. Dog owners should watch their animals carefully and call a veterinarian immediately upon the development of any symptoms of illness. Any change of disposition should be regarded as highly suspicious.

4. Dogs or any warm blooded animal in the early stages of rabies may infect humans by the saliva coming in contact with any scratch on the skin, or mucous membranes.

5. The Pasteur treatment is an absolute preventive of rabies and need not be given until the animal in question has been observed long enough to confirm diagnosis.

6. The Pasteur treatment should be used if there is any suspicion of infection from a rabid animal. This treatment is harmless.

7. Suspected animals should not be killed but should be confined for observation. No animals survive rabies more than ten to fourteen days.

8. Dog owners should protect their animals from chance infection by a simple vaccination which can be given by any veterinarian."

MORBIDITY.*

Diphtheria.

151 cases of diphtheria have been reported, as follows: Los Angeles 40, Los Angeles County 20, San Francisco 14, Stanislaus County 5, Kern County 7, Merced County 1, Madera County 4, Santa Clara County 4, Madera 1, Colma 2, Santa Rosa 1, Burbank 1, Glendale 1, Los Banos 1, Berkeley 4, Alameda

*From reports received on January 26 and 27 for week ending January 24.

Digitized by Google

4, Salinas 2, Sacramento 1, Hanford 1, Richmond 1, Chico 1, Petaluma 3, Bakersfield 2, Fresno 2, Whittier 1, Alameda County 4, San Joaquin County 1, Gridley 1, Oakland 3, San Diego County 4, San Diego 2, Huntington Park 1, Stockton 4, Hawthorne 1, Hermosa Beach 3, Lindsay 1, Glendale 1, Corona 1.

Scarlet Fever.

174 cases of scarlet fever have been reported, as follows: Los Angeles 45, Los Angeles County 9, San Francisco 14, Tulare County 8, Oceanside 5, Exeter 5, Redlands 5, San Jose 8, Long Beach 7, Stockton 7, Oakland 8, San Diego 7, San Joaquin County 2, Alameda County 1, Kern County 2, South San Francisco 1, San Diego County 2, Compton 1, Pasadena 1, Hermosa Beach 1, Alhambra 1, Fullerton 1, Covina 1, Visalia 1, Venice 1, Hanford 1, Bakersfield 2, Fresno County 3, Huntington Park 1, Elsinore 1, Fresno 3, Burbank 1, Kingsburg 1, Santa Paula 2, Los Banos 1, Santa Clara County, 3, Orange County 4, Kings County 3, Lindsay 1, Orange 3.

Measles.

48 cases of measles have been reported, as follows: Los Angeles 16, Alameda County 6, Los Angeles County 14, Inyo County 3, Davis 1, Oceanside 1, San Francisco 1, San Diego 1, Napa 1, Berkeley 1, Madera County 1, Humboldt County 1, Corning 1.

Smallpox.

179 cases of smallpox have been reported, as follows: Los Angeles 58, Los Angeles County 26, Oxnard 5, Imperial County 6, San Diego 6, Butte County 5, El Dorado County 6, Oakland 12, Sonoma County 5, Orange County 12, Sutter County 6, San Francisco 4, Berkeley 1, Contra Costa County 1, Sacramento 2, National City 1, Santa Cruz County 1, Santa Clara County 1, Burlingame 1, Stockton 1, Alameda County 1, Kern County 2, Colusa 1, Colusa County 1, Whittier 1, Huntington Park 2, San Diego 1, Venice 1, Long Beach 3, San Marino 1, Yuba County 2, Yuba City 1, Ventura County 2.

Typhoid Fever.

Eleven cases of typhoid fever have been reported, as follows: Los Angeles 1, Riverside 1, Fresno 1, Los Angeles County 2, Berkeley 1, San Francisco 3, Long Beach 1, San Bernardino 1.

Whooping Cough.

158 cases of whooping cough have been reported, as follows: Los Angeles 44, Los Angeles County 13, Long Beach 11, San Diego County 12, Compton 6, San Francisco 8, San Diego 5, Salinas 6, Fresno 9, Orange County 3, San Jose 2, Oakland 2, Lodi 1, Oceanside 1, Alhambra 1, Berkeley 3, Pasadena 4, Fullerton 4, Riverside 2, Visalia 1, Alameda 3, Monterey County 2, Avalon 1, Santa Cruz County 2, Santa Clara County 1, Glendale 3, Elsinore 2, Santa Ana 1, Glendale 1, San Bernardino 1, Ventura County 1, Imperial 2.

Epidemic Meningitis.

Ukiah reported one case of epidemic meningitis.

Poliomyelitis.

Four cases of poliomyelitis have been reported, as follows: Oakland 1, San Diego County 1, Santa Clara County 1, Sacramento 1.

Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, Healdsburg 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1924-25				1923-24			
	Week ending			Reports for week ending Jan. 24 received by Jan. 27	Week ending			Reports for week ending Jan. 26 received by Jan. 29
	Jan. 3	Jan. 10	Jan. 17		Jan. 5	Jan. 12	Jan. 19	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	249	346	360	268	223	463	341	309
Diphtheria	157	143	146	151	273	291	328	311
Dysentery (Bacillary)	5	3	0	0	0	0	0	1
Epidemic Encephalitis	2	1	0	2	5	2	5	5
Epidemic Meningitis	2	0	2	1	0	3	4	3
Gonorrhoea	66	118	74	160	108	78	140	71
Influenza	21	38	25	53	31	52	43	44
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	0	1	0	0	1	2	0
Measles	35	37	51	48	432	616	565	574
Mumps	106	121	188	151	20	23	33	24
Plague	0	0	0	0	0	0	0	0
Pneumonia	124	98	90	87	94	139	120	93
Poliomyelitis	4	4	2	4	2	0	3	2
Scarlet Fever	129	163	174	174	251	275	375	315
Smallpox	96	121	198	179	152	233	364	314
Syphilis	75	197	111	151	133	181	164	67
Tuberculosis	158	197	289	161	127	231	164	141
Typhoid Fever	22	23	6	11	5	13	9	5
Whooping Cough	64	139	145	158	28	51	44	22
Totals	1316	1749	1862	1759	1884	2652	2704	2301

CALIFORNIA STATE PRINTING OFFICE

Digitized by Google

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 52 FEBRUARY 7, 1925 GUY P. JONES EDITOR

Many Household Water Filters are Inefficient.

The State Board of Health receives many inquiries concerning the relative merits of various types of household water filters now on the market. Some of these filters are efficient in removing bacteria but most of them do little more than to remove sediment and prevent the spattering of the water stream as it comes from the faucet. The Connecticut State Board of Health has recently made an investigation into the efficiency of household water filters and the statement of that Department, printed herewith, will answer many inquiries concerning these household devices:

"It has come to the attention of this Department that certain agents for household water filters have convassed houses in one city, representing that their filters have been approved by health authorities and claiming extravagant results. This Department has never given approval to any type of household filter, although in some cases they may serve a useful purpose.

Persons usually install household filters in the belief that they will accomplish one of the following results: (1) remove bacteria or improve sanitary quality of the water; (2) remove sediment from the water; (3) remove microscopic organisms from the water; (4) remove tastes or odors from the water; (5) stop spattering of the water as it comes from the faucet and produce an even stream.

The following comments are made on these various objects:

(1) Ordinary household filters do not improve the sanitary quality of the water. In most cases they tend to expose the water to hazard of passing through filtering material which is handled as it is placed in the filter. Many people neglect to change the filtering material frequently so that the incoming water, comparatively clean, must pass through an accumulation of sediment, microorganisms and bacteria on the surface of the filter.

Porcelain or stone filters will generally improve the sanitary quality of the water, but they sometimes give trouble by clogging rapidly so that they yield little water.

(2) There may be a few cases in this State where the water supply is derived from running streams and an objectionable amount of sediment is present after heavy rains. In other cases, flushing the mains would relieve this objection. Where there is complaint from sediment in a supply, it is, of course, preferable to treat the trouble at the source and improve the character of the supply. Household filters will, however, usually remedy this trouble to a great extent, if properly cared for.

(3) Many of these filters do remove microscopic organisms. Porcelain or stone filters will remove them completely.

(4) Although microscopic organisms may be removed by household filters, all of the odors produced by these growths are not eliminated.

(5) There is no question but that household filters attached to the faucet

obviate spattering and for that reason they are desired by many housekeepers. If the filter is not well cared for, however, it is better to dispense with this advantage for sanitary reasons.

Summarizing, it may be said that household filters with proper care have some advantages, but their usefulness is limited to certain points and that, in general, any extravagant claims as to their accomplishments are not true."

Protect Yourself Against Smallpox Now.

Publications issued by various state and city health departments harp continually upon the need for general vaccination against smallpox at the present time. The reason for this constant repetition of sound advice lies in the fact that an extremely virulent type of smallpox is present in many states, including California. This type of the disease is not the mild sort; on the other hand it is the type of the disease that kills, sometimes within 72 hours after the onset.

Health officers have a tremendous responsibility in securing general vaccination of the people residing in their respective territories. Not only is it necessary that persons who have never been vaccinated against smallpox should be vaccinated without delay, but the same applies to all individuals who have not been vaccinated successfully during recent years. Virulent smallpox is in California at the present time and the only way to prevent the contraction of this disease lies in securing a successful vaccination at the earliest possible moment.

Health Officers Receive Appointments.

Dr. Earnest Dozier, of Redding, has been appointed Health Officer of Shasta County, succeeding Dr. Sherman T. White, who has occupied the position for many years. Dr. Alex. M. Lesem has been appointed City Health Officer of San Diego, succeeding Dr. George B. Worthington. Dr. Lesem is also County Health Officer for San Diego County and City Health Officer of the municipality of East San Diego.

Dr. Carl P. Jones, Health Officer of Nevada County, has recently been appointed City Health Officer of Grass Valley. He succeeds Dr. Paul D. Barnes.

Alfred R. Phillips has been appointed Health Officer of Santa Cruz County, to succeed Dr. W. H. Keck.

The Prevention of Pneumonia.

Right now is the time of year when pneumonia is most prevalent and it would pay everyone who may be listening to observe carefullv the simple rules of personal hygiene, and specially those rules that deal directly with the prevention of common colds. January and February always bring the greatest number of cases of respiratory infections of any months in the whole year. The increased amount of moisture in the air and the low temperatures that drive people indoors, where they come into closer contact with other persons, have much to do with the contraction of these infections.

By taking proper care of himself, anyone can greatly lessen his chances of getting pneumonia. Keeping warm and dry help to reduce the pneumonia hazard. To be more explicit, we may give the following rules, which may be followed easily:

First. Dress for the weather.

Second. When coming in from out of doors, heavily dressed, remove your heavy wraps immediately. Don't wait ten or fifteen minutes before doing so.

Third. If your clothes are wet, remove them, dry the skin and put on dry clothing. Don't wait for your clothes to dry on the body.

Fourth. When going out of doors, dress warmly. After having put on heavy clothing, go out immediately; don't stand around and get overheated. Let your body gradually accomodate itself to the change from warm to cold.

Fifth. Don't exercise and then stand or sit around with the same clothing on. If possible, go indoors, after exercising, bathe and change your clothes. If this is impossible, be sure that you have extra clothing to put on after the completion of your exercising. If your clothes get wet, be sure to keep on exercising until you can change them.

Sixth. If the weather is mild, but with prospects of its growing colder, take extra clothing with you. On the other hand, if the weather is cold, but gets much warmer, remove the extra clothing.

Seventh. Don't take a warm bath and then go out into the cold. It is best to finish the bath with cool or cold water. If a warm bath is taken just before retiring, be sure that you go to bed immediately and cover up well. Dress in such a way as to gradually accommo-

Digitized by Google

date the body to changes of temperature which would otherwise be sudden.

In a nutshell, to avoid pneumonia, keep in good physical condition, keep warm, keep dry and avoid persons who have colds.

Statements Worth Thinking About.

Dr. Malone Duggan, upon retiring from the position of State Health Officer of Texas, recently issued a startling statement regarding present public health conditions in general. Whether readers agree with all that he says or not, his remarks are well worth careful consideration. He said:

"Some of the appalling facts known today are: the annual cost of sickness in the United States is $1,400,000,000; the annual cost of crime is $10,000,000,000 with the well known fact that a large per cent of criminals are made throug mental or physical sickness; the cost of insane and mental defectives is increasing in leaps and bounds; and the increase of certain constitutional diseases has been 300 per cent in the last twenty years. Statistics also show that 70 per cent of our school children have either physical or mental defects; 30 per cent of our young men of military age are deficient; and that 60 per cent of men and women over 40 years of age are suffering from some constitutional disease.

"These conditions are millstones around the neck of modern civilization; they decrease productiveness and increase the cost of living; and they are blighting the inheritance of the next generation. Such conditions can be measurably remedied with modern sanitary administration of public health work through the agency of a stabilized health department. Through such measures one-half of the cost of sickness can be reduced and through improved health conditions much economic gain would be obtained by this greater efficiency. Well informed people realize that public health problems are also economic problems, as the annual cost to the government through incapacity of its citizens to work is incalculable.

"Because of the very personal nature of health and the superstition and ignorance regarding it, these vital and great questions have been neglected and present conditions have been looked upon as inevitable. It takes necessity to arouse people from old customs and inherent lethargy and that time has now arrived. The complications of civilization demand greater restrictive measures, the abrogation of personal liberty in the interest of the whole being the very foundation of civilization. This principle is the fundamental authority for the enforcement of public health measures.

"The annual tax collected by local, state and federal officials is $8,000,000,000. Of this amount $60,000,000 is spent in public health work, which is 2/10 of one per cent of the amount spent for all other activities fostered by the government. The state of Texas appropriates less than the cost of a glass of soda water per capita for public health administration. Because of this fact and the general lethargy of the people concerning health work, this state stands thirty-seventh down the line of her sister states in such work. Texas public opinion is not awakened to the fact that there is a remedy, that sickness and crime to a large extent are preventable.

"Public health work is the very highest expression of the advancement of science in its application to the general welfare. Health work has become a specialty; it can not be conducted by untrained men. Neither can political patronage ever give efficient health service. There must be a policy based upon group judgment, adopted and carried on consecutively and economically. The present practice of frequent changes in personnel and in health department policies is wasteful, extravagant, and a disappointment as to results obtained. Health work is not charity; it must be bought as any other good thing; and it must be under the supervision of men qualified to assume this great responsibility."

MORBIDITY.*

Diphtheria.

143 cases of diphtheria have been reported, as follows: Los Angeles 45, San Francisco 17, Los Angeles County 16, Chico 5, Sacramento 6, Oakland 6, Redwood City 1, Yolo County 1, Tulare County 1, Colusa 1, Colusa County 1, Sonoma County 2, Butte County 1, Berkeley 1, San Mateo 4, San Diego 1, Long Beach 1, Turlock 1, Pasadena 2, Madera County 2, Yuba County 1, San Bernardino 1, Sutter County 2, Richmond 1, Fresno County 1, Mendocino County 4, Riverside 2, Hanford 2, Santa Barbara 2, Compton 1, Santa Ana 1, Huntington Park 3, Albany 1, San Jose 4, Orange County 1, Placer County 1.

Measles.

41 cases of measles have been reported, as follows: Los Angeles County 13, Oakland 3, Davis 1, Long Beach 1, San Diego 2, San Francisco 2, Los Angeles 3, Alameda 1, Riverside 2, Napa 2, Tulare County 1, Inyo County 1, San Bernardino County 1, Humboldt County 1, Santa Barbara 1, Orange

*From reports received on February 2 and 3 for week ending January 31.

Digitized by Google

[redacted]

[redacted]

[redacted]

Digitized by Google

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.

MAR 23 '26

APR 31 '26

JUN 23 1933

Digitized by Google

I27 Calif. State bd. of health.
B5 Weekly bulletin.
v.1-3
1922/25 NAME 59512
DATE DUE
H.R. Crase
Dickson
Faber
MAR 1 1922
MAY 1 25
JUN 23 1933

Digitized by Google

Digitized by Google